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Prof. of the Prin. and Prac. of Surg. Albany Med Col.; Surg. Albany and St. Peter's Hospitals.

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MALTINE "*contains, unimpaired and in a highly concentrated form, the whole of the valuable materials which it is possible to extract from either malted Wheat, malted Oats, or malted Barley.*" PROF. JOHN ATTFIELD, London.

"*Wheat must be considered as by far the most nutritious of all grains.*"—*Physiology of Man.* AUSTIN FLINT, JR.

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Before we began the manufacture of MALTINE we analyzed the various Extracts of Malt manufactured in this country and Europe. We found that many of them had a burnt taste and smell, and a dark appearance, and were deficient in many essential elements that they should contain, owing to the excessive heat employed. Most of these preparations had probably been evaporated, or the grain mashed, at a temperature of 212° Fahr., and consequently the Albuminoids and Diastase were almost entirely destroyed, and the other nutritive properties much impaired. This cannot be otherwise when the German formula is followed, for it directs that the extract shall be heated to 212° Fahr. (*see formula for Malt Extract, German Pharmacopœia, fol.* 124). This led us to a series of experiments to ascertain whether a preparation could not be produced that would contain the nutritive properties of the grain unimpaired. Further research developed the fact that malted Barley was deficient in most of the essential elements of nutrition, with the exception of mineral matters, or bone producers. These experiments led us to the production of an extract from malted Barley, Wheat and Oats,

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We are confident that a practical test of MALTINE will convince any practitioner that we justly make the following claims, viz:

First: That Wheat and Oats are much richer in alimentary principles than Barley, and that it is only in combination of these cereals, in the proper proportions, that a perfect preparation can be produced.

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The difficulties attending the manufacture of Extract of Malt in large quantities, can be overcome only by that kind of skill which is acquired by experience. Its constituents must receive no injury by the process, and good flavor and keeping quality, adapting it to all climates, must characterize the product. All are familiar with the striking difference between certain celebrated brands of ale and porter—and yet the poorest as well as the best, is, or should be, produced from barley malt and hops. Success greatly depends, of course, upon the employment of none but the best material; but it is by the use of specific and long-tried procedures that results are obtained which are so difficult to rival.

We do ourselves but simple justice, in stating that our *entire attention* is, and for many years has been, *exclusively* devoted to the manufacture of Extract of Malt for medicinal purposes, and that we give our undivided personal attention to each step in the delicate process by which Extract of Malt of excellent quality can alone be made.

Under these circumstances, it is unreasonable to suppose that the various manufacturers of fluid extracts, elixirs, pills, &c., who (attracted by the high reputation of our Extract of Malt), have recently, in various sections of the country, undertaken the manufacture of a similar article, should generally succeed in producing it of a quality according with the fulsome praise with which their advertisements are filled. While being perfectly willing to let the reputation of our Extract of Malt rest upon its real merits, we owe it to the medical profession, as well as to ourselves, to give warning against imposition.

It has come to our knowledge that certain articles extensively advertised as "pure" and "genuine extract of malt," are composed chiefly of the substance called GRAPE SUGAR or MALTINE, which, as is well known, is the product of the action of sulphuric acid upon starch subjected to a high temperature. This artificial grape sugar or glucose which is extensively manufactured from corn starch, is now being used in immense quantities, instead of ordinary cane sugar, in the sophistication of confectionery, sugar-house syrup, "strained honey," native wines, and canned fruits, and by some brewers in the manufacture of beer and ale. The cheapness of this artificial product of Indian corn, constitutes the chief inducement for this species of substitution for barley malt and cane sugar.

Again, an extract of malted grain is manufactured for the purpose of obtaining *diastase*, which, (simple and variously combined) is much used in medicine. The appearance of the extract is but slightly changed by being deprived of this important constituent, although, it is unnecessary to add, that its value as a medicinal agent is thereby greatly impaired. Nevertheless, this very substance, which is little more than refuse material, in the manufacture of diastase, is now being offered for pure malt extract.

It is *malt extract* prepared from Barley malt combined with the proper proportion of Hops, that has been for many years the standard medicinal-nutritive employed by the medical faculty of Europe, and especially of Germany. Its value has been established by experience, and its use in the treatment of almost all forms of disease of nutrition is constantly extending. We shall continue to devote the most scrupulous attention to the maintenance of the reputation of our malt extract, by the careful selection of material and by unwearied personal attention to manufacturing details.

Attention is respectfully directed to the accompanying extract from Ziemssen, and also to our circular and testimonials elsewhere printed.

Very Respectfully,

TROMMER EXTRACT OF MALT CO.

From Ziemssen's Cyclopædia of the Practice of Medicine, Vol. XVI, page 474:

"The Malt Extract prepared from Trommer's receipt is designed to fulfill much the same purpose as Cod-liver oil, carbo-hydrates (malt-sugar, dextrin,) taking the place of fatty matter. The simple (much or little hopped) and the Chalybeate form of Malt Extract are coming more and more into favor as substitutes for the oil; they are more palatable and more easily digested, and should, therefore, be preferred in the dyspeptic forms of anæmia. During the last few years Malt Extract has almost entirely taken the place of Cod Liver Oil in the treatment of phthisis, and other wasting diseases at the Basle hospital, and we have as yet found no reason for returning to the use of the latter remedy. The Extract may be given from one to three times a day in doses varying from a teaspoonful to a tablespoonful in milk, broth, beer, or wine."

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, NOV., 1879. NO. 8.

Original Lectures.

DEVELOPMENT OF THE HUMAN OVUM, EMBRYO AND FŒTUS.

Modified from a Series of Twenty-four Lectures on Embryology Delivered in the Columbia Veterinary College, Sessions 1878–79, *and* 1879–80.

BY EDWARD C. SPITZKA, M. D.,

Professor of Comp. Anatomy and Embryology, Columbia Veterinary College; Vice-President of the N. Y. Neurological Society; Curator and Pathologist to N. Y. Medico-Legal Society; Physician to Dept. of Nervous Diseases, N.E. Dispensary; W. and S. Tuke Prize Essayist; Hammond Prize Essayist. Etc.

Lecture II.

The human ovum, after its escape from the Graafian vesicle of the ovary, requires as a stimulus to a *normal* higher developement, the fusion with a male element. This *fertilizing* male element, as shown by Spallanzani, beyond any doubt whatever, is represented by the spermatozoa, the well-known inhabitants of the seminal fluid.

Under the microscope the spermatozoa exhibit such varied and active movements, and these movements present so much analogy to those of certain protozoic animalcules, such as the Vampyrellas and Vibrios, that it is not to be wondered at that older observers considered them to be of an animal nature. As far as the eye can judge they present the physiological attributes of animals, while anatomically they are nothing more than cell derivatives, being derived, as we shall explain in its proper place, from certain elements in the testicle known as spermatoblasts.

The spermatozoon consists of a so-called head, collar and tail. The head is equivalent to the *naked* cell nucleus, the tail is a modified protoplasm, which has grown at the expense of the substance which in the earlier stage surrounded the head, while the "collar" is a remnant of the original unmodified protoplasm. If the reader will imagine a plum pit surrounded by a ball of putty, he will have a crude simile to the undeveloped spermatozoon. If he will now draw out the putty as a long filament for whose construction he is forced to remove the putty covering the kernel, and leave a balance of putty where the filament is in contact with the kernel, he will have a conception of how the spermatozoon ripens. The kernel is the "head," the putty the protoplasm which became drawn out into an actively moveable filament, and the balance of unused putty represents the "collar." The more mature the spermatozoon, the smaller is the collar. Authors also describe a "body" or intermediate portion, but this is nothing but a thicker root-portion of the tail, and in man is hardly demarcated.

Attempts have been made to establish a relation between the shape of the spermatozoa and the zoological position of the different animals to which they belong, but with no success, for example, there are invertebrates whose spermatozoa are more similar to those of man, than those of certain vertebrates are to the latter. The seminal bodies* of the snail are more like

*Many modern authors prefer this term to "spermatozoon," as the latter name involves a speculation as to their nature. Both terms are admissable.

those of man than are those of the shark and ray or the Canary bird.

To this day one of the most enigmatical problems is, the transmission of male characters through this little body. The transmission of female characters through the egg protoplasm and taking place under the *aegide* of the female nervous system, may be reduced to a somatic basis, but with regard to the male characters and their transmission we are entirely at fault. Molecular transmission alone can not account for it; the very unsatisfactory conception of some peculiar arrangement of molecules and molecular force oscillations is the only one which at the present time, even suggests a solution of this wonderful problem.*

If there is such a thing as a miracle(?) this is it.

The motion of the spermatozoon, which is due to the *flagellum*-like action of the "tail," can best be compared to the propelling of a cork-screw. By virtue of this movement, they bore their way into all permeable tissues. These little bodies are also enabled, on account of this movement, to travel considerable distances. They advance through the uterus and Fallopian tubes even to the free surface of the ovaries!

There is a strong presumption that the contact of the spermatozoa with the ovum, ordinarily takes place in the Fallopian tube. The studies of Fol, Hertwig, Giard and Selenka on lower animals, of Shenck, Balbiani, Hensen, and the great Edward van Beneden on the mammalia, enable us to form a conception of the manner in which this contact takes place.

Shenck is the first who has submitted this matter to the test of objective scrutiny *in the mammalia*. He placed the ovum of the rabbit in Reklinghausen's moist and warm chamber, having carefully removed the ovum from the maturest follicles of a recently killed animal, and then added the seminal fluid of the male. He could then trace development through the first stages of segmentation, and observed that *several* spermatozoa *penetrated into the yolk*, or vitellus.

It is well established then, that the spermatozoa *bore* their way through the *channels* in the *zona pellucida* and penetrate into the yolk. Van Beneden alone maintains that after having passed the zona they do not enter the yolk but float in the perivitelline fluid. Our own observations are confirmatory of those of Hensen and Shenck.

Now at this period what is the condition of the maternal ovum? In our last lecture we had shown that it had expelled the membrane of the germinal vesicle, and consisted essentially of nothing else but a uniform and homogenous vitellus, surrounded by the *zona*. Now independently of impregnation a new body forms in its centre, which consists of nothing more or less than the more densely crowded central protoplasm of the vitellus. Since this new body was still traceable to a direct derivation from the maternal tissues, it can very properly be called the *maternal pronucleus*.

With impregnation, a light halo is observed at the *periphery* of the vitellus; this gradually increases in clearness and is seen to contain a shining body, which observers interpret differently as the *head* of one or the conjoined heads of several *spermatozoa*. It may be termed the peripheral or *paternal pronucleus*, since the majority of observers derive it from the paternal contribution of spermatozoa.

The paternal pronucleus gradually approaches the maternal one, and soon the two pronuclei join near the centre of the vitellus and form one common nucleus, *the first nucleus of the future human being*.

Now the act of fertilization is fully accomplished and the true life history of the human being as an anatomical unity is inaugurated.

The collateral question of dispute has

* Eimer claims an "axial thread" for all vertebrate spermatozoa. If this is confirmed the solution may still be sought for in molecular arrangement. We have seen nothing of the kind.

been hinted at above, as to whether one or several spermatozoa participate in the fertilizing act. A great deal of obscurity enshrouds this subject, but after careful investigations as well as an impartial scrutiny of the evidence offered, we are strongly inclined to maintain that several spermatozoa are concerned in the act. The strongest argument of those who maintain that but a single spermatozoon penetrates the zona, is based on the alleged existence of the micropyle, and the supposed formation of a membrane around the vitellus, which is said to prevent the admission of any spermatozoa after the first one has entered. Now in the first place the existence of a micropyle is not at all established for the mammalia, in the second where a micropyle exists in lower animals, particularly in fish, numerous spermatozoa are drawn in through this comparatively wide opening by suction, as has been beautifully explained by Oellacher; thirdly, a vitelline membrane formed in such an infinitesimally short space of time intervening between the entrance of the "leader" spermatozoon and the next one on the line of march, is not likely to check the boring organism which has just squeezed itself through the narrow channels of the resistent zona!

Then, finally, reliable observers have seen several spermatozoa in the yolk simultaneously, we have repeatedly observed this also. Even Hertwig and Fol, the most prominent defenders of the theory, admit that more than one spermatozoon *can* enter the ova of echinoderms, simultaneously, they claim, however, that abortive development results with a multitudinous entry; but Giard and Selenka, who have observed the same thing, deny that this occurrence is followed by aberrant developement.

The theory that only one spermatozoon can enter and fertilize the ovum, is not based on sufficient grounds to justify the loud and categorically trumpeted dictum of a writer on this side of the Atlantic, who represented it as a *fact beyond dispute*, and as demonstrative of a peculiar theory of his own in regard to the sexual differention of the embryo. Theories founded on such a slender basis are about as suggestive as that notorious supposition derived from the same source, that by an examination of the white blood-corpuscles of two given parties this ingenious(?) investigator(??) could inform the parties in question, whether they should marry or no.

To recapitulate in brief the progress in development of the ovum, we have seen that before impregnation it was a simple non-nucleated *monerula*, that two bodies appeared in it, the one independent of fertilization, the other its direct result, that these two formed one body, and that thus after impregnation we have the ovum representing a *mono-nucleated Monerula*.

The term *monerula*, like the terms *morula* and *gastrula*, which we will yet have occasion to use, are derived from comparative biology, and have reference to the analogy of the successive stages of the germ, to certain ideal types found among the lowest animals. Their use is based upon the alleged parallelism found existing between embryological (ontogenetic) developement, and the development of higher and more complex animals from lower and simpler ones. This is alleged by the evolutionists to have taken place in the course of the earth's history (phyllogenetic development). We say this merely as a provisional explanation of the terms in question, it will remain for us in a future chapter to summarize and sift the evidence which the evolutionists derive from the developmental history of the human ovum, embryo and fœtus.

In the current language of embryology, we have spoken of the body which we are now studying as the *ovum*, in the same language we now speak of it as the *germ*, an appelation which it retains until the permanent indications of a bodily form justify the substitution of the term "embryo."

In order to avoid complicating the subject with the relation of collateral details, we defer, for the present, the history of the zona and the *granulosa* cells adhering to it, and will follow up the changes in the germ alone.

With the completion of the *nucleus* of the monerula germ, we notice a darker spot in its center, the *nucleolus*. A constriction now occurs in this nucleolus, giving it a dumb-bell shape and the bridge of substance joining the two halves of the dumb-bell nucleus becoming more and more attenuated, the nucleolus becomes completely separated into two distinct bodies. *Now* our germ consists of a *single* protoplasmic sphere containing a *single* nucleus, which holds *two* nucleoli within its confines. By the time that the two nucleoli have become distinct, the nucleus begins to show the same dumb-bell like constriction as was described in the nucleolus. Each half of the nucleus on either side of the constriction contains one of the two nucleoli. So that when the nucleus has segmented, as it does *exactly in the same way* as was described for the nucleolus, we have the germ composed of a single protoplasm sphere with *two* nuclei, each of which latter contains a nucleus. Now the protoplasm becomes condensed around its two nuclei which, acting as centers of substance condensation, cause the protoplasm to separate into *two segments*.

The subdivision of the nuclolei followed by that of the nucleus and finally of the protoplasm, occurs again and again, until the germ has segmented into eight distinct portions, each of which, composed of a more or less irregularly round clump of protoplasm, containing a nucleus and nucleolus is termed a *segmentation sphere*, this stage of development is called the stage of segmentation, or the formation of the *Morula*.

We perceived that the process of segmentation was inaugurated by the subdivision of the nucleolus, and that in the course of segmentation the nucleolus was in advance of the nucleus, and this, in turn, in advance of the protoplasm.

The traditional idea which exhibits segmentation to be comparable to the division of a ball of wax by a contracting encircling cord is, therefore, not exact.

Another current view is also incorrect, namely, that in segmentation the germ divides into two equal halves, these into four, eight, sixteen, thirty-two, sixty-four, one hundred and twenty-eight, and so on, into regular and equal multiple spheres.

From the beginning, segmentation is an unsymmetrical process, and to bear this in mind is of great importance. Of the first two segments, one is considerably larger than the other, the larger merits the designation of an *ectoderm hemisphere*, the smaller of an *entoderm hemisphere*. We will shortly explain the *rationale* of these terms. At first both hemispheres segment at about an equal rate, that is from the two segments result four, and from these eight, of which four were derived from the larger hemisphere, and four from the lesser one. The former naturally are of a larger size, *individually and in the aggregate*, than the latter. From this point on the larger (ectoderm) segments, resubdivide much more rapidly than the smaller ones, that is, when the four larger divisions have subdivided into eight, the four smaller ones have not yet subdivided at all. From this it follows that at successive stages of segmentation, the number of spheres is not in progressive multiples of two, four, eight, sixteen, thirty-two, sixty-four, one hundred and twenty-eight, and so on, but is two, four, eight, twelve, sixteen, twenty-four, and then can not be counted accurately.

It also follows that as the ectoderm spheres divide much more rapidly than the entoderm spheres, that the former, which, when they were equal in number to the latter, were their superiors in size, now become their inferiors in size, though their superiors in number. Now, since the germ is still within the confines of the zona pel-

lucida, the proliferating ectoderm cells, spread out over the surface of the tardier entoderm cells, and the germ thus comes to consist of an outer layer of small but numerous segmentation spheres and an inner mass of larger but fewer spheres.

The accumulation of a fluid between the spheres of the inner mass converts the solid entoderm mass into a *hollow* sphere, which is surrounded *almost* completely by the ectoderm spheres. The germ is now in a vesicular or bladder-like condition, and consists of (1) an outer layer: the ectoderm; (2) an inner layer: the entoderm; and finally, (3) a fluid enclosed in the cavity of the entoderm.

The reason why, in anticipation, as it were, of these changes, we termed the large original hemisphere of the first segmentative period the ectoderm hemisphere, and the lesser, the entoderm hemisphere, has herein been made evident.

The ultimate signification of these metamorphoses, will be discussed in the next lecture, together with the collateral changes in the "appendages" of the ovum and certain facts of chronology and measurement, a knowledge of which is essential to a thorough conception of the physiology and nutrition of the germ.

New York, 130 E. 50th street.

Original Communications.

THE PLEA OF INSANITY.

Some Recent Cases Before the St. Louis Criminal Court.

BY WM. B. HAZARD, M. D.

We shall endeavor to present briefly the prominent points in several cases recently tried before our Criminal Court, and draw such conclusions therefrom as seem most reasonable in the light of science. We shall not always be able to agree with the eminent experts who testified or with the "intelligent jury" which found the verdict in each instance. However, we are willing to submit our opinions to enlightened criticism, and have no fear of the result being unfavorable.

Case I.—Charles F. Kring was indicted for murder in the first degree for having killed Mrs. Dora C. Broemser, in January, 1875. Late in that year he was tried and found guilty, in spite of the plea of insanity set up and managed with much ability by his attorneys. The circumstances of the murder were as follows: Kring was a married man, but had separated from his wife and child. He was employed as clerk in a drug store, in a suburb of St. Louis, by the husband of the woman whom he afterwards murdered. The woman was the mother of several children and, at the time of the homicide, was five or six months advanced in pregnancy. Kring had been thrown together with Mrs. B. a great deal, her husband having been absent for weeks at a time on many occasions. He conceived a violent attachment for her, and proposed that she should leave her husband and marry him (Kring); pretending that he had already applied to the courts for a divorce from his wife, and suggesting similar proceedings to be instituted by Mrs. B. On the evening of the homicide he hired a hack, went to the house of Mrs. B.'s father-in-law, drank wine with the family, and invited the sister of Mrs. B.'s husband to drive with him to see Mrs. B. Some time before, Kring had called to see Mrs. Broemser at her rooms in a tenement house and had importuned her to elope with him, which she had declined to do. He made so much disturbance at the time that the landlord had ejected him from the premises and forbidden him to visit there again. On the evening in question, he halted the hack at the entrance of an alley near the house where Mrs. B. lived and sent the sister-in-law to ask Mrs. B. to come down into the alley to meet him. This Mrs. B. declined

to do, upon which he sent the girl back with the message that if she did not come to him he should go up to her room. Mrs. B., fearing a disturbance, finally came down to the alley, where the two had some conversation, Kring insisting upon a definite and final answer to his proposal to elope with him. She firmly declined to do so, upon which Kring drew a four-barrelled Colt's revolver from his pocket and shot her, the bullet entering the abdomen and gravid uterus. She fell, when he attempted to thrust the muzzle of the pistol into her mouth and again attempted to shoot her, but the cartrige failed to explode. He then threw the pistol away and left the scene. He went back to the house of his victim's father-in-law, who counselled him to escape. A few minutes later he gave himself up at the nearest police station.

Shortly after he had been locked up, he was visited by Dr. Louis Bauer, who found him very cool and collected, showing no signs of excitement, but expressing the hope that Mrs. B. would die, and showing some irritation on being told that she might recover.

On being asked at the station-house his reasons for shooting Mrs. B., he calmly handed a paper to the officer which, he stated, would explain everything. This document was dated about two weeks before, and was addressed to the public. It was evidently carefully prepared and contained in it the evidences of a preconceived plan of defense. Thus, he stated that he was "insane with love" for his destined victim. He asked one of the officers if, in case he should plead guilty, he would avoid the death penalty, which being answered in the negative, he remarked that he "would cheat the gallows yet," and sent a telegram to a physician in Illinois, who had treated him for a fever, asking him to "come and testify." In his address to the public, he claimed that he had been unlawfully intimate with his victim, and that the child with which she was then pregnant was his.

Mrs. Broemser died three days later, and in due time Kring had his preliminary examination. During this the husband of his victim was a witness against him, and Kring seized a chair and attempted a murderous assault upon the witness in open court. An indictment was found against him, and in dne time he was placed upon his trial. In view of the attempted assault upon the witness in the lower court, he appeared before the jury with hand-cuffs upon his wrists.

He was tried, found guilty and sentenced to death, in December, 1875. The Supreme Court of the State granted him a new trial upon the ground that the jury had been unduly prejudiced against the prisoner by reason of his appearing before it in manacles.

At the second trial the jury could not agree; while upon the third a juryman became sick, so that there could be no conclusion reached.

The defense set up was, of course, insanity. The Illinois physician who had been telegraphed to "come and testify," deposed that some two years before the homicide Kring had shown "symptoms of epilepsy and catalepsy;" other witnesses stated that Kring had acted oddly at times, that his father was eccentric and of a violent temper, that his half-sister was either an imbecile or subject to melancholia; that Kring had had fever occasionally and then had talked wildly and incoherently; that on one occasion he had broken some bottles and a show-case in his drug store without known cause, etc., etc.

Much stress was put upon his apparent indifference, immediately after the commission of the murder, and upon the idea that he had expressed that he was about to be divorced from his wife, also upon the contents of the sentimentally expressed address to the public, all of which were claimed to show delusions.

Dr. L. Bauer thought that Kring was "either a consummate actor or a madman,"

with a decided leaning towards the latter opinion.

Dr. Chas. W. Stevens thought him the victim of "a delirium of love and passion" that certainly lessened his responsibility.

Dr. Chas. H. Hughes was so undecided, so foggy and altogether so non-committal, that no one in court was able to learn exactly what his opinion was.

Dr. J. K. Bauduy, with the writer, agreed that Kring's insanity was made up for the occasion—in other words, was feigned.

The fourth trial was set for Nov. 11, 1879. After one day spent in the attempt to find twelve men who did not read newspapers and, hence, competent try such a case, the counsel for the accused declined to go on with it until some money was paid them for their services. But all of Kring's resources were exhausted. The prisoner concluded to follow his original plan. He pleaded guilty to murder in the second degree, expecting to be sentenced to the penitentiary for a term of two to five years. He was evidently surprised when the Court pronounced the following sentence:

"Charles F. Kring, in accordance with your plea of guilty to the charge of murder in the second degree, I hereby sentence you to twenty-five years' imprisonment in the penitentiary, and further order that you stand committed until the costs of this prosecution are defrayed."

The prisoner protested against the severity of the sentence. He said: "I understood that my insanity would be taken into consideration, and that I would receive a light sentence. I would not have pleaded guilty if I had known you would be so severe." In this he plainly showed the reliance he had placed upon the false plea that had been set up in his favor. We believe that it is the first time in the history of the State that a prisoner has argued for himself that his insanity should mitigate the severity of his punishment.

Case II.—Wm. C. Reeves was indicted for assault with intent to kill; the victim being his wife, to whom he had been married less than three months. The assault was made with a small revolver, four shots being fired and all taking effect. This took place on July 7, 1879, and his trial was set for an early date in September. This resulted in a legal fiasco, the jury having been allowed by the sheriff to mingle with the common crowd, after hearing the evidence and speeches of counsel, but without the knowledge of the judge and without the customary injunction regarding communications with outside parties regarding the case. Hence the jury was discharged and Nov. 6th set for hearing the case.

The history of the prisoner and of the act for which he was tried is as follows: His age is twenty-eight years; Canadian by birth; occupation candy-maker. He is below the ordinary height; of dark complexion and shows evidences of possessing a good strong bodily organization. His character for honesty and industry is good. His disposition was certified to as peaceable. His physical endurance was uncommonly great, and in 1878 he showed that he was an excellent pedestrian, having taken part in several "walking-matches" in which he commonly came off victor. In the latter part of July, during the prevalence of excessive heat, he undertook to walk to Belleville, Ill., and back—a distance altogether of about thirty miles. He suffered extremely with the heat on his way out, but left to return at about one o'clock, P. M. After proceeding about ten miles he felt weak and soon lost consciousness. When he revived he found himself in the hands of a farmer who was applying cold affusions to his head, and who told him that "he had had a sun-stroke." The period of unconsciousness lasted nearly four hours. About six o'clock in the evening he began to walk the last five miles of his journey, which he accomplished after eleven o'clock, P. M. For several days he was unable to work, had headache, vertigo and vomiting, and slept but little. However, he was fairly

well in a few weeks and able to resume his work in a candy factory.

In the latter part of April, 1879, he married a young girl and set up housekeeping. At this time he was employed in the basement of the factory where the temperature ranged from 105° to 115° Fah., and which was poorly ventilated. His work was that of attending large kettles containing a mixture of cocoa-nut, glycerine and other chemicals; the temperature requisite for the manufacture being about 220° to 225° F. The vapors from this mixture were continually escaping into the super-heated atmosphere of the room.

As the outside temperature rose, the heat of this portion of the building became almost unbearable. Reeves complained of headache, vertigo and nausea, and said that the work would kill him. He was unable to eat his usual food and slept but little. At the same time he became quarrelsome, suspicious of all his friends and extremely jealous of his wife. This was shown to have been entirely causeless. His employers and comrades noticed his changed demeanor and disposition. He also gave evidences of decided delusions, such as that his food had been poisoned, etc.

On the day of the murderous assault upon his wife he had been employed all the morning at the work above described. At twelve o'clock, he went to a room in the third story of the building where his wife was also employed, and partook of a luncheon which she had brought for them both. After an apparently amicable conversation, he drew a pistol and commenced firing upon his wife, who ran into another room where several persons were also eating, where he followed her, discharging the weapon four times. He then sat down and took his wife upon his lap, kissing her and calling her "pet names;" she embraced him and expressed her forgiveness for what she thought were fatal injuries.

He was immediately arrested and taken to the police station. On his way there he was asked by the officer what were the reasons which moved him to make such an assault. He said merely, "I think no man has a right to come between man and wife," and gave no other explanation.

His wife was only slightly injured, soon recovered, and refused to prosecute. A brother-in-law, however, took the necessary steps, and an indictment was found, as above stated.

On the second trial, the facts as just related were elicited. The wife sat by the prisoner's side during the trial and showed the greatest sympathy for him. He was ably defended by A. N. Merrick, Esq., who adopted the rather novel expedient of placing members of the different medical sects, in addition to reputable physicians, upon the witness stand as experts. For once, strange to say, homœopathists, eclectics and regular physicians were in agreement. They all declared the defendant *non compos mentis* at the time of the assault, and the jury agreed with them. Hence Reeves was acquitted, and his wife, who cheerfully takes the chance, will probably again suffer at his hands.

While the writer gave his opinion that Reeves was undoubtedly suffering from mental disease, superinduced by heat, and characterized by manifest delusions as well as disordered action, he deplores the neglect of the law to provide for the safe-keeping of such destructive individuals.

Case III.—Henry J. Redemeir was indicted at the July, 1878, term of the St. Louis Criminal Court, for murder in the first degree, in the killing of Franz Voss on June 29th 1878. The following is an account of the circumstances attending the homicide as brought out by testimony at the trial of the accused, which took place in the following December:

The deceased, who was a stone-mason, was engaged with eight or nine workmen in laying the foundation of a building, and while so engaged, at about one o'clock, P. M., of the day in question, the accused was

noticed sitting on a stone a short distance from the laborers. Deceased, with one of his men, was in the act of attempting to raise one end of a stone, which was about three feet long, two feet wide and four inches thick, in order to place it in its proper position in the foundation. Without saying a word, the accused approached deceased and shot him in the head, producing instant death. Redemeir shot again into the body of deceased, the second missile taking effect in the side of his victim. The workman assisting Voss made some movement as if to interfere, when the accused warned him to desist or he would also be shot. Redemeir then walked leisurely away, made no effort to escape, and was arrested a short distance from the scene of the homicide. In a short time an excited crowd of working men, numbering several hundred, gathered and attempted to enforce "mob-law," but were prevented from hanging the accused, then and there, by a large force of police. who conveyed their prisoner in safety to the jail. During this time of extreme peril the accused showed not the slightest sign of concern for his own safety.

Redemeir gave various reasons for his crime: most commonly, that Voss was about to throw a large stone at him, and that his shooting was entirely for the purpose of defending his own life; again, that "that was the way he fixed them when they didn't pay him;" to another—a police officer—"that Voss was a good man, but that he was old enough to die, and for that reason he killed him, and that when he came to be as old he wanted some one to kill him." The accused was a cigar-maker, and had never had any business relations whatsoever with deceased; they had long been friends and neighbors, and no difficulty of any kind had ever arisen between them.

On July 9, 1878, Redemeir was arraigned to plead to the indictment, when he insisted upon entering a plea of *guilty*, notwithstanding the presiding judge took great pains to explain to him the consequences of such a plea, telling him with great solemnity and earnestness that in case he should persist, that he (the judge) would be compelled to sentence him to be hanged. In spite of being thus informed, three several times, Redemeir persisted in his plea, and the Court proceeded to pronounce judgment, sentencing the prisoner to be hanged on the 23d of August, 1878. This sentence was received by the accused with the utmost indifference, he merely saying that all he wanted was to have his witnesses summoned by whom he could prove that he had acted in self-defense.

On July 26, the Court vacated the judgment, and the accused then plead not guilty. His counsel, appointed by the Court, set up the plea of insanity, and he was put upon his trial on Dec. 10, 1878. On Dec. 19, the jury returned a verdict of guilty of murder in the first degree, and, a motion for a new trial being overruled, he was sentenced to be hanged on Feb. 14, 1879. A stay was granted, and the case was taken before the Court of Appeals, which affirmed the judgment of the Criminal Court in the following November (1879). The case now goes before the Supreme Court of the State, with every prospect of the proceedings of the lower courts being sustained.

Some of the expert evidence offered by the State was of such a remarkable character as to call for some comment. One gentleman stated that the entire absence of any assignable motive, the publicity of the act, and the absence of any effort on the part of the accused to escape pursuit, cut no figure in the case—that these circumstances had no bearing on the presumption of insanity. He also gave a very remarkable definition of insanity, which was as follows: "Insanity is a disease of the neurine batteries of the brain." This definition was doubtless intended as a bit of pleasantry at the expense of the attorney for the accused (who, be it remembered, was appointed by the Court, and had no

pecuniary interest at stake, the defendant having no money), but even considered as such, it has much the appearance of professional buffoonery, an exhibition of heartless levity which was sadly out of place on the solemn occasion as well as unworthy of the profession of medicine. Such a performance may prove valuable to the performer as a means of personal advertising, but is calculated to excite the indignation of scientific physicians.

The mother of the accused testified on behalf of her son. She was an aged woman, evidently of the lowest order of intelligence. She spoke of her son as suffering from frequent headaches of the most violent character, but stated that she had not noticed any change in him from his ordinary behavior during the weeks and months immediately preceding the homicide. Upon this the "expert" referred to based his opinion that there *had been no change* in the character, modes of thought and of action, which is indicative of insanity.

From an attentive consideration of the circumstances attending the homicide, the writer became strongly impressed with the idea that Redemeir was an epileptic. There did not appear upon the trial the slightest evidence of his ever having experienced a symptom of that fell disease.

There was no description of attacks of convulsions, of momentary unconsciousness or of maniacal attacks of long or short duration. Besides, the prisoner seemed to recall without difficulty all the facts in relation to the homicide. His mind seemed to be occupied with the one idea that he had to kill Voss to save his own life. This he repeated time after time with the greatest earnestness and persistence. When called upon, at the time that the final sentence was pronounced, to state any reason he might have to give why he should not suffer the extreme penalty, he explained to the Court that he had simply acted in self-defense; he attempted to show the relative positions of Voss and himself, going down upon his knees to show how Voss was picking up the stone with which to kill him. He could not be made to see the glaring absurdity of his statements.

The endless reiteration of the same idea is well known to characterize the talk of most patients with dementia following epilepsy.

Causelessness of the act; the absolute want of any motive that could possibly be assigned for it; the brutality of the killing, and the repetition of the shooting after a manifestly fatal injury, all these are highly characteristic of the acts of epileptic homicides. It was stated that upon the day of the homicide, when Redemeir's mother heard of her son's arrest, she "fell in a fit" of some sort. Of course, it may have been simply a fainting spell, or a hysterical attack, but taken in connection with her low degree of intelligence, amounting, probably, to imbecility, it may be suspected that it was a true epileptic seizure.

Until February, 1879, the writer was without confirmation of his mere suspicion derived from a consideration of the prisoner's conduct. In that month it was incidentally learned from a fellow-prisoner of the accused, that the latter was subject to frequent attacks that can be interpreted only as being of the vertiginous variety of epilepsy.

The writer was told that Redemeir frequently became *unconscious*, at these times he sometimes falls from the chair upon which he is sitting, and that he *sleeps after them*. On the writer remarking that these symptoms looked like epilepsy or "the falling sickness," the narrator said: "No, he does not have any *fits* at all, he is only a d—d fool!"

In March last, the writer saw Redemeir for the first and only time. His general appearance indicated mental hebetude. On being asked about his attacks of unconsciousness, he stoutly denied them; said that he was not a lunatic, that his lawyer was

"crazy" to set up that he (R.) was insane; that all he wanted was a trial of his case, when he could show by witnesses that he had acted in self-defense.

In conclusion, the writer finds himself compelled to disagree with the "insane experts" who testified for the State, as well as with the "intelligent jury" that condemned him so unjustly. He has but little respect for the decision of the Court of Appeals, which disregards the positive evidence, given above, in favor of Redemeir's insanity.

If Redemeir shall be hanged, a judicial murder will be committed, and every homicidal maniac throughout the world, with equal justice, should be taken from the asylums that shelter them in their misfortunes and expiate the crime of being afflicted with disease upon the gallows!

St. Louis, No. 5 High street.

Clinical Reports.

CASE OF IMPERFORATE ANUS—OPERATION—RECOVERY.

BY W. T. HARTSHORNE, M. D.

On April 19, 1877, I was requested by Dr. Black, of Junction City, Kansas, to examine a case he had been called to. Dr. Black said he had visited a female child, aged six months, and found, as the parents had stated to him, that the fæces passed through the vagina, and had done so from birth.

There being no orifice externally from the rectum he had made an incision, and had gone as deep as he thought safe without finding the rectum. The child had also been operated upon twice before by another physician without success.

When the bowels were about to move the child suffered great pain, and strained to such a degree that she became nearly black in the face, and was convulsed.

The bowels did not move unless medicine had been given. I examined the child, using a small silver catheter, and having passed it into the vagina found an opening leading into the gut, through which the fæces were discharged.

The parents having given their consent, an operation was decided upon as the only means of affording relief.

The next day, the child being placed in the lithotomy position, the catheter was passed through the opening from the vagina into the gut, and the catheter being held by Dr. Black, I cut down with a straight bistoury more than an inch deep, upon the catheter, afterwards making as free an incision in extent through the gut as was deemed necessary, then passed the catheter through the opening made in the bowel and through the incision made in perineum, and so brought the catheter out externally.

The child was teething and, although the bowels had previously been much constipated, diarrhœa now set in which had to be relieved by medicine, and this continued throughout the case.

Having passed the catheter, we next took a piece of narrow tape, saturated with olive oil, drew it through the incision and through the opening in the vagina by means of the catheter.

I gave directions to the mother to draw some of the tape through the incision when the bowels were about to be moved. The result was, that from the first, part of the fæces followed the tape, whilst the remainder still continued to pass through the vagina, but by perseverance in this way the discharge through the vagina became less daily, and more passed by the opening made.

A good external orifice being established, the tape was withdrawn. The result was perfectly satisfactory, the operations of the bowels taking place naturally, all pain ceased, and the opening from the gut into the vagina closed, and the child suffered no inconvenience whatever, but was in all

respects the same as if no malformation had ever existed, by the 29th day of May, 1877. She is still alive and well at this present date, August 15, 1879.

JUNCTION CITY, Kansas.

CASES IN PRACTICE.

Varicose, Syphilitic and Benign Ulcers of the Leg—Extraction of a Needle after Twenty Years Sojourn in the Body.

BY S. B. HOUTS, M. D.

CASE I.—March 11, 1879, was called to treat Mr. J. B., residing on Webster street, this city. Found him afflicted with an extensive varicose ulcer of the right leg. This extended from the inner malleolus five inches up the leg, and about four inches in width. The patient was of a full, phlegmatic habit of body and his circulation was evidently sluggish. Both the external and internal saphenous veins and their branches very much enlarged. Vermicular coils of dilated veins along the course of both as large as the finger; the leg was very much swollen and dropsical from the exudation of serum into the cellular tissue. The patient's occupation was that of heading flour barrels, therefore requiring him to stand constantly during working hours, this, of course, aggravated his malady by the force of gravity; the veins having lost their elasticity, gradually dilated forming pouches and tortuosities, and were unable to return the blood; stasis, and congestion of the venules and surrounding tissues followed ending in the death of the parts, hence the extensive ulceration.

Treatment.—Being a man of full habit and sluggish temperament, torpidity of the portal circulation and the viscera generally was present, hence I prescribed a thorough cholagogue cathartic in the evening, followed by salines in the morning, following these with acids and vegetable tonics. Ordered the ulcer cleansed, then applied the Martin bandage, to be removed every evening, cleaned and hung up to dry, ulcer cleansed and dressed with the following:

℞ Linseed oil, - - - - - - ℥vi
Carbolic acid, - - - - - - ℥ii.

M. S.—To be applied to the ulcer, covered with soft lint or, which is preferable, clean old linen, several thicknesses, then secure the whole with an ordinary roller bandage to remain on during the night.

Next morning before rising, the dressing was removed, ulcer cleansed, and the Martin bandage reapplied to remain on during the day. The equable pressure of the bandage holds about the same relation to the pouched, diseased, dilated veins as a well-adjusted apparatus does to a fractured bone. By the gentle pressure the calibre of the veins is gradually diminished, the equilibrium of the circulation is reëstablished, the dropsical effusion absorbed, the ulcer rapidly heals. Recovery of patient complete in six weeks; no symptoms as yet of a return of the disease.

CASE II.—H. E. called on me, April 29, 1878, with an extensive ulceration of the inside of right leg, extending from the malleoli five inches upward, about four inches in width, of a dirty copper color along the margin: diagnosticated it syphilitic. On questioning the patient, he readily admitted having had, about two years previously, a sore on his penis. Suffered considerable osteal pain along the shin bone of opposite leg, and there was some swelling.

Treatment.—Martin's bandage to the ulcerated leg. Proto-iodide of mercury, alternated with saturated solution of iodide of potassium, internally; improvement manifest in one week; in six weeks the ulcer healed; osteal rheumatism ceased, swelling disappeared; patient well. No relapse.

CASE III.—C. M. called on me for treatment of a benign ulcer of the leg, April 6, 1879. No varicose veins; no syphilitic taint discoverable. Patient suffering from debility and general impoverishment of the

blood. He first received a slight scratch from a piece of railroad iron; the sore gradually enlarged until there was considerable solution of continuity of tissue. Gave vegetable tonics, quinine and iron, internally; Martin's bandage to the leg and ulcer, dressing it in the interval with the linseed oil and carbolic acid. Patient discharged well in four weeks.

Case IV.—June 5, 1879, I was requsted to see a married lady, aged forty, of fine physical form and apparently in excellent health, weighing about one hundred and eighty pounds. She complained of a sharp pain or "stitch" in the left side. Making a careful examination of the locality, I could discover nothing but a small pimple or button-like tubercle. By squeezing it a small quantity of serum and pus exuded.

Ordered a little discutient salve to be applied, with the remark that I did not think that it would give her any further trouble. Several days after, my attention was again called to the case; patient complaining of same "stitch" and uncomfortable feeling as before. I again examined it carefully—thought I saw a black point in the center of the pimple. Scraping the blade of a small knife over its edge, found that there was a hard-resisting material embedded in the tissue. By a little pressure, a sharp point of some substance appeared, which I grasped with a pair of small forceps and extracted. It proved to be a needle one inch long, much blackened. The patient then remembered having swallowed a needle more than twenty years before. The journey of that needle, could it be traced, would undoubtedly prove interesting.

St. Louis, 523 Olive street.

Cholera in Japan.—The last *Courier of Japan* brings bad news from Tokio, Nagasaki and Yakohama, where cholera is makgreat ravages. Seventy thousand persons had been affected by the scourge, of whom thirty-two thousand two hundred had died —equal to about fifty-six per cent. of deaths.—*Union Méd. de Paris.*

DISPENSARY OF THE ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

Surgical Clinic of Prof. L. Bauer, M. D.

REPORTED BY J. T. LAREW, M. D.

CASE OF STRANGULATED HERNIA CAUSED BY SNEEZING—OPERATION AND RECOVERY.

Mrs. B., from Farmington, Mo., had entered the Hospital Department of the institution as a private patient of Professor Bauer, and was doing well. While sneezing violently, she felt something give way in her right groin. Soon after she experienced intense pain and discovered a tumor at that point. She was inclined to ignore this condition until the increasing pain, spreading over the lower part of the abdomen, gave her alarm and she sent for her attendant.

The tumor proved to be a strangulated femoral hernia, and the most assiduous efforts at reduction, under the influence of chloroform, failing, the operation was resorted to. On proceeding, Prof. Bauer referred to the rare causation of the case; he had examined her before and noticed no tumor; there could be no doubt as to its recent origin. He stated that he preferred, with John Gay, Esq., of London, the incision at the internal aspect of the hernial sac, that being nearest to Gimbernat's ligament, where the strangulation is generally produced, which, indeed, proved correct in this case. A Bouvier blunt-pointed tenotome was used to relieve the constriction. When the hernial sac had been freed from all mechanical interference, presenting no suspicion of further trouble, it was replaced without being opened.

Instead of using sutures the wound was filled with cotton for the purpose, as averred, of producing a deep and firm cicatrix as the best protection against another protrusion of the bowel. The wound healed in two weeks, and presents no indication of a relapse.

ANGULAR CONTRACTION WITH FIBROUS ANCHYLOSIS OF KNEE-JOINT.

The patient is a male, aged seven years, and of good constitution. There is no evidence of any so-called struma, on the contrary, he enjoys the best of health.

Eighteen months ago he fell, striking his left knee against a stone, and ever since he has suffered from an affection of that joint which, however, has not prevented him going about on crutches. When he entered the clinic he wore a clumsy instrument intended to immobilize the joint in an angular position.

On inspection the contours of the articulation were somewhat changed, the motion limited, the patella adherent, and the biceps muscle contracted. There were no symptoms of active or progressive disease: no white swelling, red discoloration, or marked tenderness either on pressure or motion. Treatment was sought for the sole purpose of correcting the deformity.

In commenting on the case, Prof. Bauer said there was not the slightest pretense of any strumous diathesis, the patient was as sound as a "brick;" that his difficulty had grown out of a traumatic synovitis, either neglected or insufficiently treated; that, although the instrument was by far too heavy, besides, maintaining the limb in a wrong position, yet he was inclined to accord to its use some benefit, as it fixed the articulation, and thus prevented its constant disturbance, which, in his estimation, is the principal source of chronicity in articular diseases. As even active disease of the knee-joint should not prevent placing the limb in an extended position, that being the most favorable for recovery, there should be no delay in doing so now, when the lesion has subsided and we have only to deal with its sequel. He would content himself, however, with dividing the tendon of the contracted muscle and defer the *brisement forcé* for a week, lest the flexion and extension of the limb might possibly cause the entrance of air into the subcutaneous wound, set up suppuration, and thus disturb the plan of treatment.

The division of the tendon was made from the inside with a Bouvier blunt-pointed tenotome, which the operator passed as a probe close around the contours of the tendon. Great stress was placed on keeping close to the tendon, otherwise, the peroneal nerve might be divided, in which case the like-named muscles would be paralyzed.

After the tendon was divided the limb was secured with a posterior leather splint, and the patient dismissed for one week. When the patient was again presented the wound had completely closed, and it was ascertained that he had spent the intervening time comfortably.

He was then placed under the influence of chloroform and the inter-articular adhesions broken up by repeated forcible flexion and extension of the limb, thus producing free motion of the joint. Then the limb was placed in the straight position and secured with veneering splints and plaster-of-Paris bandage.

One week later the patient was again presented to the class. He looked well and had not been in the least disturbed by the preceeding manipulation. A few days later he resumed locomotion on crutches, as directed, though he was fully able to bear his weight on the affected limb. Dr. B. remarked that this was an illustration of the fact that *brisement forcé*, although an apparently very violent manipulation, *does not* give rise to great reaction when followed by proper treatment.

After the use of the plaster splint one month, Dr. B. will apply his interrupted splint; after two months, passive motion will be commenced in order to preserve the mobility of the articulation. It is confidently expected that both form and function will be restored.

CASE OF EMPYEMA AND ITS SEQUEL.

The patient is a male, aged nine years. Previous to the present trouble he enjoyed

good health. During last April he was attacked with a supposed pneumonia of the left side. In the course of two weeks his side began to appear full, and finally became much enlarged with bulging of the intercostal spaces. Not appreciating the seriousness of the condition, it was permitted to continue, and eight weeks later a spontaneous opening took place through the chest wall, evacuating a large quantity of pus—a quart or more. The discharge thus established continued with more or less profuseness from that time on, over a period of more than four months. When presented at the clinic the patient was weak, pale, feverish and emaciated, and suffered from dyspnœa on slight exertion.

An examination by Prof. Bauer showed the opening in the side to be between the seventh and eighth ribs near the junction of the anterior and lateral regions of the chest, and discharging rather profusely. The affected side was much retracted, and immoveable during respiration, while the opposite side was fully distended, and the respiratory movements exaggerated. The lung on the affected side was compressed by liquid and retained in the upper and posterior part of the thoracic cavity, and the heart displaced to the right and upward, the apex beat being felt with greatest intensity in the third intercostal space one and a half inches to the right of the sternum.

The diagnosis of this case was without difficulty. The "pneumonia" of April was doubtless suppurative pleurisy or empyema, filling the pleural cavity with a purulent fluid. This imprisoned fluid produced the bulging of the side, the compression of the lung, and the displacement of the heart; and finally, being unaided by art, worked its own exit, fortunately for the patient, through the external walls of the chest. Prof. Bauer deemed it necessary that the opening leading to the suppurating cavity should be enlarged in order to give free exit for the pus and to afford means by which the cavity could be thoroughly cleansed, but thinking the patient too feeble to undergo the operation at that time, ordered him the ferrated extract of malt, dessert spoonful three times daily, small doses of quinine, and the most nutritious food, such as milk, eggs, etc., with a daily allowance of iron.

After following this treatment for three weeks, a marked improvement appeared in the general condition of the patient and he was submitted to the operation, which consisted in making an incision through the intercostal tissues along the upper border of the eighth rib from the original opening two inches backward, dissecting down, exposing the rib and making a curved excision of its upper half to the extent of one inch. This was accomplished by trephining the rib at three points along the proposed line of excision, and removing the part thus marked out with bone-forceps.

This gave a free opening into the pleural cavity and caused the escape of a large quantity of pus—fully a quart. The cavity was thoroughly cleansed with tepid water and a plug of cotton introduced into the wound to keep it open.

The subsequent treatment consists in washing out the cavity daily with tepid water, and the administration of tonics, stimulants, and the most nutritious food.

In commenting on the case, Dr. B. referred to the prognosis as dubious for the following reasons: first, there is a high degree of debility and anæmia of the patient; secondly, there will be a considerable discharge of pus until the remaining portion of the pleural sac is obliterated by granulations, which, in the feeble condition of the patient, will be a source of great exhaustion; thirdly, the left lung, having been compressed for so many months by the collection of matter in the pleural sac, is likely to remain useless for the purpose of respiration by being bound in its abnormal position by the cicatricial tissue surrounding it.

One week has elapsed since the operation. The patient maintains a good appetite

and is moderately well nourished. The heart has partially returned to its normal position, though the lung shows no sign of resuming position or function. The termination of the case will be duly reported.

Translations.

(Translated for the Clinical Record.)

Intra-vesical Injections in Diverse Morbid Conditions of thr Bladder, Prostate and Urethra. Dr. J. M. Ramas (*Union Méd. du Canada*, from *Jour. des Sci. Méd. de Lille*) reports twenty original cases of gonorrhœa complicated or not with cystitis, prostatitis or arthritis, and treated by intra-vesical injections. The *modus faciendi* is most simple: a gum-elastic catheter is introduced into the bladder and the urine drawn off, to this the canula of a hydrocele syringe is fitted, through which the injection is thrown for two to four minutes, according to the degree of tolerance. The quantity of each injection varies from 70 to 140 grams (from 2 to 4 oz. nearly), the temperature of which should be from 26° to 34° C. (about 80° to 93° Fah.). The liquids employed are solutions of silver nitrate, zinc sulphate, carbolic acid, etc. Cures were obtained generally and quite rapidly, even in cases that had proved rebellious to other means of treatment.

The author explains the favorable results he has obtained by vesical injections in the following manner: The diseases for which the injections were used were all local affections, hence local treatment was required. The internal exhibition of copaiba, cubebs, tar, turpentine, etc., is not exempt from inconvenience and does not always effect the desired result. If we consider the progressive march of gonorrhœa from the navicular fossa to the prostatic portion or the neck of the bladder, we shall understand how difficult it is to make a urethral injection penetrate deeply enough to modify all the diseased surfaces. On the other hand, the site of the disease will be thoroughly reached by a medicated liquid when the latter is first introduced into the bladder. Again, the good effects of intra-vesical injections are also explained by this circumstance, viz: The contact of the medicated liquid with the urethral mucous membrane at the instant that it has just been subjected to a certain amount of excitation from the passage of the catheter, and when the glandular ducts have been compressed and freed from their secretion, thus leaving their cavities accessible to the penetration of the injected materials.

He thus formulates the indications and contra-indications for intra-vesical injections. Indications:

1. In chronic gonorrhœa, in which the discharge has its origin in the deep portions of the urethral canal.
2. In gonorrhœa which has proved rebellious to ordinary treatment (balsam, urethral injections, etc.).
3. In gonorrhœal or catarrhal cystitis.
4. In prostatic enlargement of gonorrhœal origin.

Contra-indications:

1. In acute gonorrhœa.
2. In acute prostatitis.
3. In those subjects who bear urethral catheterization badly.

Treatment of Asthma by Iodide of Potassium (Dr. Gougeon, Thèse de Paris, 1878).—Dr. Gougeon presents, in his inaugural thesis, a faithful and methodical exposition of facts observed in the service of M. Sée, in the Hôtel Dieu, as well as of the ideas of his master upon the subject.

Every physician knows how difficult it is to cure or even to relieve many patients who suffer from asthmatic dyspnœa, whether the asthma be symptomatic or essential. Many medicaments have been employed without much benefit and have disappeared from practice. Prof. Sée, after numerous researches, has finally succeeded in giving to therapeutics of asthma a heroic remedy

in almost all cases. In a learned discussion at the Academy of Medicine he showed what physicians may obtain from the employment of iodide of potassium, but in order that the action of the remedy should be real and effective it must be employed from the outset in a sufficient dose: at least one and a half grams (22½ grs.), and to increase it progressively to three or four grams (46 to 60 grains), taking as a limit the appearance of the phenomena of iodism.

In the historic sketch, he shows, 1, That before Prof. Sée's work, this remedy had been employed, but without definite rules; 2, That it was the active agent in several secret remedies for the cure of asthma. The clinical and therapeutical exposition is very well done.

In the latter part of his work, Dr. G. proves by minute observations collected in the service of the Hôtel Dieu, that the iodide of potassium may be a very useful remedy in all forms of dyspnœa—from cardiac disease, chronic pneumonia, œdema glottidis, etc.

Since Dr. G.'s work has appeared, Prof. Sée has employed the new medication a large number of times, and almost always with success. We, ourself, in divers hospital services of which we have had charge, have experimented with iodide of potassium, and with it have almost always obtained actual success.—Dr. F. Raymond in the *Progrès Médical*, Sept. 6, 1879.

FACIAL NEURALGIA.—(*Tribune Médicale*, Aug. 31, 1879). The therapeutic action of crystalized aconitia in essential facial neuralgia is effective. There are cases, however, which, without being absolutely rebellious to its action, show a certain degree of resistance; these are especially those cases in which neuralgia of the supra-orbital predominates, presenting at the same time marked *periodicity*. Quinine, by itself, also frequently fails, much oftener than aconitia, under these circumstances. But the association of quinine with aconitia gives us a means of rapid and certain efficacy. The following is the form in which M. Laborde has made a successful combination:

℞ Quinæ sulphatis - - - - gr. iii;
Aconitiæ nitratis crys. (Duquesnel's) - - - - - - gr. 1-250;
Pulv. cort cinchonia. - - - - gs.
M.—For one pill.
S.—Give four or five such pills in the twenty-four hours, taking care that an interval of at least four hours elapses between the doses.

Proceedings of Societies.

SOUTH-EAST MISSOURI MEDICAL ASSOCIATION.

The Association held its sixth semi-annual meeting at Jackson, Mo., on Nov. 4, 5 and 6, 1879. The first day's session commenced at 7 o'clock, P. M., Dr. A. E. Simpson, President, in the chair. A large number of physicians were present.

Rev. J. A. Bowman opened with prayer, after which the President delivered an excellent address, which was responded to on behalf of the Association by Dr. Mann. After the usual routine business had been disposed of a nnmber of applications for membership was received, and after a favorable report from the committee to whom this matter was referred, the following named gentlemen were admitted to fellowship: Drs. Presley Pritchett, Abner J. Gupton, Samuel S. Harris, and Frederick Bruckemann.

Dr. Mann gave an address on general topics connected with the working of the Association; the names of certain gentlemen were dropped from the roll. Drs. Henderson and Rowe made their report of the last meeting of the State Medical Association; Drs. Rowe, Cannon and Vineyard were appointed a committee on programme, after which the Association

adjourned to next morning at half-past eight o'clock.

Second Day, Nov. 5,—Met pursuant to adjournment, President Simpson in the chair. Dr. C. C. Valle applied for membership and was admitted. Reports of treasurer and secretaries read and adopted. A paper was read by Dr. S. E. Strong on the Diseases of the Late War, and elicited a long discussion.

Dr. C. A. Peterson exhibited a case of cerebral lesion in which one half of the body had ceased to grow. A humerous essay by Dr. S. S, Harris was read, discussed and applauded; after which the Association adjourned to 1 : 30 o'clock, p. m.

In the afternoon session Dr. O. W. Cline read a paper on Displacements of the Uterus, which was well received, and referred for publication. Dr. Bond delivered an able and instructive address on Surgery. Adjourned to 7 o'clock, p. m.

At the evening session reports were received from several of the counties represented in the Association, after which the Association adjourned to next morning at eight o'clock.

Third Day, Nov. 6.—Met pursuant to adjournment, President Simpson in the chair. Reports from Bollinger and Cape Girardeau counties were read by Dr. Miller and Dr. E. R. Harris, respectively.

A discussion of the treatment of puerperal convulsions and on the treatment of diphtheria occupied considerable time and proved very interesting and instructive.

Dr. R. T. Henderson read a paper on Rötheln, reporting several cases. This was a very interesting essay, and provoked a lively discussion.

Dr. J. W. Cannon presented several interesting cases from his private practice: one of angular curvature of the spine, and one of osteo-sarcoma of the ilium.

Dr. T. F. Frazier read a paper on Pneumonia and its Relations to other Diseases. This contained some novel views and brought out considerable discussion. The Association adjourned to one o'clock, p. m.

At the opening of the afternoon session Dr. Rider read an able paper on Inflammation. The consideration of miscellaneous business being then in order, Dr. J. W. Cannon offered the following resolutions, which were adopted unanimously:

Resolved, That the Southeast Missouri Medical Association cordially endorse the action of Harvard Medical College, Bellevue Hospital Medical College, Medical Department of University of Pennsylvania, Georgetown Medical College and the Chicago Medical College, in their endeavors to elevate the standard of medical education by making a preliminary examination and a three-year course the requisite to graduation.

Resolved, That no member of this Association should receive any student unless said student first pledges himself not to enter any medical college in the United States, except those requiring a preliminary examination and a three-year course of graded instruction.

After a few minutes recess, the President announced the following appointments for the next meeting:

Council, Dr. Pritchett, for Stoddard county; Dr. S. E. Strong, for St. Genevieve county; Dr. G. W. Vineyard, for Perry county; Dr. P. R. Williams, for Perry county; Dr. J. M. Rowe, for Scott county; Dr. J. M. Rowe, for Mississippi county; Dr. Miller, for Bollinger county, and Dr. E. R. Harris, for Cape Girardeau county. On State Medicine and Hygiene, Dr. J. W. Cannon; on Otology, Dr. S. E. Strong; on Nervous Diseases, Dr. C. A. Peterson; on Expert Testimony, Dr. B. N. Bond; on Advanced Medical Education, Dr. S. S. Harris; on Alcohol and its Relations to the Public and the Profession, Dr. C. A. Mann; on New Remedies, Dr. J. L. Haw; on Conduct of Consulting Physicians, Dr. J. H. Rider; on Antiseptics in Surgery, Dr. Gupton; on Diphtheria, Dr. F. F. Bruckemann; on Tumors, Dr. W. F. Grimstead; Dr. Valle to choose his own subject upon which to report.

Committees:—On Publication, Drs. Can-

non, W. B Wilson and S. S. Harris. On Arrangement, Drs. Frazier, Porterfield and Gupton. On Programme, Drs. Cannon, Bondurant and Frazier. To revise and abbreviate the Constitution and By-laws, Drs. S. S. Harris, W. B. Wilson and G. W. Vineyard.

The usual complimentary resolutions were passed, thanking the citizens of Jackson for their courtesies, and the Committee of Arrangements, Drs. Cannon, Wilson and Nunn, for their efforts to secure a successful meeting, and Drs. Cannon and Baldridge, with their accomplished ladies, for hospitalities extended visiting members.

Dr. Bond addressed the Association in appropriate words, and President Simpson gave his closing address, after which the Association adjourned to meet at Commerce, Scott county, on the first Tuesday in May, 1880, at 7 o'clock, P. M.

The meeting was one of the largest and most successful medical assemblies ever held in the Southeastern portion of the State.

Extracts and Abstracts.

CYSTICERCUS CELLULOSÆ.—Dr. C. S. Turnbull relates (Transactions of the Med. Society of Pennsylvania, Vol. XII, 1879) a case of cysticercus within the human eye, and gives with it a brief account of the parasite and of other cases of the same sort on record.

The patient was a merchant, aged fifty-five years, who had received an injury to the eye, subsequently affected, in childhood. Sight became gradually dim in this organ from opacity of the lens. Five years since, without any explainable cause, the cataractous eye, which had given him no special trouble, became the seat of paroxysmal pains, recurring with a frequency and regularity suggestive of malarial influence. A peculiarity of diagnostic signification in connection with these pains lay in a gradually increasing intensity characterizing them. The cause was evidently of a growing nature, and as a culmination of this intense pain the patient became conscious of blows struck on the inside of the eye, the sensation being described as "hammer strokes." The pains were accompanied with marked vascular engorgement, the conjunctivæ would become congested, and lachrymation was usually profuse. The paroxysms usually came on about bi-weekly.

After treating the granular condition of the lids, which was present, and various methods had been tried to cure the "neuralgia" supposed to be the morbid condition to be dealt with, the pupil was fully dilated with atropia. Now the cause of all the trouble became visible. A balloon-shaped body was seen floating in the aqueous humor. The parasite was living and showed active movements.

"To illustrate the movement of the animal, reference may be made to a balloon. A cysticercus is, in form, a minature balloon, the head of the parasite, which is the pendant part, bears close likeness, when extended, to the basket. To imagine a floating and swaying balloon suddenly drawing into its interior, and as suddenly throwing out its basket, is to secure the fullest notion of the action of the hydatid." The parasite having fixed itself to the center of the capsule of the crystalline lens, it was removed by the performance of Graefe's method for extraction of the lens. It lived for some time afterwards in a warm saline solution. The description and operation are by Dr. J. E. Garretson.

This parasite is the larval form of what is known as the Tænia solium, or tapeworm. The person infected may derive the mature eggs of the tænia from his own intestines or from the tapeworm of some one else. The detached and expelled joints of a tapeworm may be taken into the mouth and swallowed, or the mature egg-containing segments may, by vomiting, be regurgitated into the stomach. In the second way by food as through the use of cooking utensils. Every person affected with tapeworm not only carries danger to himself with him, but is constantly threatening the health of his neighbors. The eggs of the tapeworm, when swallowed, develope into cysticerci, while the cysticerci, when taken into the digestive tract, develope into tapeworms.

A practical point is quoted from Cobbold: a reference to the danger of handling fresh tapeworms, their eggs might get under the finger nails, or upon the clothes, and from thence to the digestive tract. Also the

danger of eating salads which may have been manured with night-soil containing, perhaps, myriads of tapeworm eggs. A cooking temperature of 140° F. is sufficient to kill cysticerci of all kinds.

Sloughing of the Vagina.—Dr. F. Peyre Porcher (Transactions South Carolina Medical Association, 1879) presented the following report drawn out by Dr. Geo. E. Sparkman, late house physician to the Charleston City Hospital:

Catharine Phillips, colored, aged eighteen years, was admitted to the colored wards, under care of Dr. Porcher, Oct. 16, 1878, with gangrene of the vulva. She stated that on Oct. 10, she was seized with labor-pains, at full term, and was delivered of her first child after an easy labor of less than twelve hours. Her attendant was an old negro woman. She states that she was left, after delivery, in a soiled condition, upon the filthy bed, for three or four days, when she experienced some uneasiness and felt some "pimples" upon the vulva. The woman's attention was called to her condition, but she does not know what was done for her relief.

On examination immediately upon admission to hospital, the labia were found swollen, black and sloughing, and escaping between them, a purulent discharge of intensely fœtid odor, mixed with the urine, which constantly trickled away; general condition of distress; slight fever, with small, quick pulse; anæmic appearance of the mucous membranes; lips dry; tongue slightly furred, brownish white; anorexia. Treatment: one grain opium and three grains quinine in pills every four hours. Poultices, equal parts of flaxmeal and charcoal were applied locally and changed repeatedly (a few drops of carbolic acid were mixed with each). Ordered chlorate-potash water (two drachms to a pint) as a drink. Diet: Milk, milk-punch, and chicken soup. The odor from the parts was so overwhelming as to necessitate the removal of the patient to a private room, in which sheets saturated with bromo-chloralum were constantly suspended.

Oct. 20, A line of separation can be observed surrounding the external parts and extending inward; general condition unchanged; continue treatment.

Oct. 24. This morning the whole vulva and the vagina, which had separated at its junction with the uterus, were thrown off, leaving a deep excavation in the perineum. With the woman on her back, the knees one and a half feet apart, and the legs drawn up and flexed at right angles upon the thighs, the excavation is of ovoid shape, and measures across 2½ inches, from above downward 5 inches, and is about 3 inches in depth. The greater portion of the back of the cavity is filled by a globe-shaped body, red and bleeding when touched, which we take to be the bladder; while just under the pubis is a teat-like process about half an inch long, through which the urine escapes *guttatim*. In the lower portion of the cavity can be seen a remnant of the posterior wall of the rectum, which has suffered in the general destruction. The uterus cannot be seen. The parts were thoroughly syringed with warm carbolated water and then packed with lint saturated with carbolic acid and sweet oil (one to twelve); constitutional treatment continued: beef essence and custards added to diet.

Oct. 30. The parts have been cleansed as often as necessary, and to-day the woman feels stronger; appetite begins to improve. She can control fecal evacuations, and the feces are well moulded; the urine continues to escape.

The opium was now stopped, quinine continued in two-grain doses *ter in die*. Granulations began promptly from the edges, and the cavity is gradually growing smaller. No material change was made in the treatment subsequently. Discharged Jan. 29, 1879, greatly improved if not cured; the cavity was nearly filled up; she could not retain her urine well, but she could walk with ease, was fat and hearty and appetite good.

The anterior wall of the rectum had sloughed out; a species of prolapse of the bladder had ensued, granulations from the bladder seeming to bridge over the vagina and fill up its cavity, so that the uterus could not be seen or felt. The mass that originally sloughed out when the patient was first admitted, was nearly eight inches in length and two or three inches in thickness.

High-land Malarial, or Mushroom Fever.—Dr. J. G. Westmoreland, editor of the Atlanta *Medical and Surgical Journal*, describes, in his journal, a new form of continued fever. He states that it has prevailed during the past summer, and is still

prevalent in several counties in the neighborhood of Atlanta, Ga. In some localities it has been so malignant in character that the mortality has reached fifty per cent. of the cases. No cases have occurred within the limits of that city. On the highest, dry, and ordinarily salubrious sections, it prevails with severity equal to that of low, damp localities. It presents many of the characteristics of typhoid fever, while its duration is only two weeks; while it is not controlled by quinine to any such degree as are the ordinary malarial affections—intermittents and remittents.

In 1847 the same fever, exactly, prevailed in some counties of Middle Georgia, and again in 1866, the identical peculiarities were observed in a form of fever which prevailed to some extent in the neigborhood of Atlanta.

During the months of July and August, 1847, and in the same months of the present year, the greatest number of mushrooms were seen all over the uncultivated land of the forest. The experience of 1847 gave Dr. W. good reason for predicting troublesome fever to follow the appearance of the large crop of cryptogams in 1879, and it has been signally verified.

He presumes that the fever in question has had its cause in the germs or sporules of these fungi. He says: "It is known that the mushroom is the growth of a night and has the duration of a day. Falling down, the innumerable spores rise and are wafted by the breeze so as to infect the atmosphere in the neighborhood around. The fever coming on at a suitable time after the breaking down and drying of the mushrooms, and assuming features different from typhoid and marsh-malarial fevers, the conclusion seems just that there is something more than coincidence in these things. The opinion of cause and effect is greatly strengthened by some co-existing circumstances in 1847 as well as 1879.

"The Salisbury theory of marsh-malarial fever, which has been ridiculed almost into oblivion, perhaps unjustly, was founded on its cryptogamous origin. If true, the fungus is, of course, belonging to a different variety than that found on the hills producing the two-weeks fever, the name of which heads this article; or undergoes modifications by being drifted by washings of fields and currents of streams to the marsh, from which its spores are wafted through the atmosphere. This difference or modification is seen in the difference of character in the disease produced by them. While marsh malarial fever is intermittent or remittent, and cut short by quinine, the highland malarial or mushroom fever runs its usual course despite large quantities of quinine, and does not usually observe diurnal intermissions or remissions. No abortive treatment has yet been discovered for the highland two-weeks fever. The course found most satisfactory is that of mercurials to a limited extent, blisters to nape of the neck, veratrum, and unloading the bowels by enemata."

In conclusion he calls attention to the different portions of the nervous system specially affected in different fevers: "While marsh malaria deranges the spinal cord, the cause of typhoid evidently impresses some of the cranial centers. One being intermittent of one week's duration, and cured by spinal tonics, the other continued and runs a period of three weeks. May not the highland cryptogams affect an intermediate point, and hence intermediate in duration, etc?"

Locomotor Ataxy, and its Connection with Injuries (*Brain*, Vol. II. No. 3, from *Revue Mensuelle de Méd. et Chir.*, No. 3, 1879).—Dr. L. H. Petit reaches the following provisional conclusions after a careful examination of a large number of reported cases: Direct or indirect injuries of the spinal column, falls on the back, the buttocks, or the feet, give rise to shake of the spinal cord, and in consequence thereof, to lesions which may become the starting-point of chronic myelitis, and induce the symptoms of ataxy. * * * * * It is probable that in persons predisposed to sclerosis, the arthritic, the syphilitic, the alcoholic, such injuries may, by irritation of the spinal marrow, hasten the development of ataxy. Injuries of this nature can certainly revive an ataxy apparently cured, or hurry on the course of one already existing; while various morbid actions, the suppression of habitual secretions or discharges, of hemorrhoidal or catamenial flow, or of cutaneous eruptions, pregnancy, and intercurrent febrile affections, seem to act in a like manner.

Hay Fever may be prevented, according to Dr. C. M. Sebastiann, by the subject constantly wearing a thick veil during the season in which he habitually suffers.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - NOV., 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

LOSS OF THE SENSE OF PERSONAL IDENTITY.

If there is one thing of which we believe we have certain knowledge, it is the fact that we exist—self-consciousness. This includes the idea of our own essential difference from all other beings, or that we have a personal identity which separates the *me* from the *not me*. That this consciousness of our own individuality may be lost seems almost incomprehensible. That this may occur is a fact. In order that this may happen it is only necessary for the memory to be abolished, which may be the result of many conditions of disease, when the functions of the brain are generally impaired.

In grave forms of fever, when the functions of the nervous system are seriously interfered with by the high temperature of the blood, consciousness is frequently abolished and we cannot avoid the conclusion that the sense of personal identity is destroyed for the time being. The occurrence of acute dementia after such fevers, which presupposes a defect in the memory regarding past events is confirmatory of this presumption. Most, if not all such cases reported, have recovered their memory of past events and reacquired the sense of their personal identity to a greater or less degree. The larger proportion of chronic cases of secondary dementia to be found in our asylums have doubtless lost the consciousness of their own personality.

It is, however, rare to find cases recorded in which the memory is absolutely blank regarding a large proportion of the life of the individual and is never reacquired. When the patient is surrounded by friends and relatives who can assist him with memory unimpaired by disease, the case may be a very remarkable one and excite our sympathy and commiseration. If he finds himself among total strangers with a complete blank in his mind regarding all his past life, his condition is indeed most pitiable.

A case reported in *Brain*, for April, 1879, by Dr. William Sharpey, Emeritus Professor of Anatomy and Physiology, University College, London, is of the first variety. We purpose presenting a brief resumé of this remarkable case, referring our readers to the excellent periodical mentioned for a more extended account:

The first notes were made in 1824. The patient, Mrs. H., was twenty-four years of age, pale complexion, and slender make. She was married in July, 1813, had good health, as a rule, till the end of April, 1824, when she came under observation, having suffered some time with what appears to have been a light form of melancholia; that is to say, she lost appetite and spirits, had pain in her stomach and bowels, slept more than usual, and imagined that she was unequal to the concerns of the house, though her family consisted only of herself and husband.

She began to sleep more than usual, and complained of an uneasy sensation of lightness in her head. The sleepiness gradually increased, her memory became impaired, until she would never awake unless she was forcibly roused. At length, about June 10th, it was found impossible to rouse her, and she remained in constant sleep till the beginning of August. She would still make an attempt to get out of bed when she required to go to stool, and she was regularly fed, swallowing food when it was presented to her lips, closing her teeth as a sign that she was satisfied.

At the end of July, she came out of her condition of torpor, apparently in conse-

quence of the griping occasioned by a dose of croton oil. Her temperature was quite normal throughout her sickness.

On her recovery from her torpor she appeared to have forgotten all her previous knowledge; everything seemed new to her, and she did not recognize a single individual, not even her nearest relatives. In her behavior she was restless and inattentive, but very lively and cheerful; she was delighted with everything she saw or heard, and altogether resembled a child more than a grown person.

She knew absolutely nothing—had to be taught words and their use, the alphabet, and the names of objects. She had been a good musician, and she relearned her music with the greatest ease, seeming to have retained a large proportion of her dexterity in this respect. All her knowledge was rapidly reacquired, much sooner than a child learns the same things, so that in a few months she was in possession of most that she had lost. There is no statement regarding her memory of events occurring previous to her illness having ever returned to her. She lived happily with her husband, and gave birth to a daughter, who survives her.

In the same journal for October, 1879, Dr. J. Mortimer Granville relates a somewhat similar case, although the loss of memory was not so absolute as in the one above referred to. The recovery is stated to have been "mentally and physically satisfactory," but there is the same omission as to events that had occurred in the life of the individual previous to the illness. This is to be regretted, especially when the following case is duly considered. We find it in a correspondence to the *Hospital Gazette*, of Nov. 15, 1879, from the pen of Dr. A. H. Hewater, St. Clairsville, Ohio:

The patient is about fifty years of age; rather spare; dark hair well sprinkled with gray, and quite a gentleman in appearance. He presents no evidences of bodily disease. He has lost all knowledge of his personal identity; does not know who he is, where he came from, or whither he was going. He has been an inmate of the county infirmary for the last nine months. All previous to that is a blank in his memory. About that time he found himself standing upon the depot platform in Bellaire City, with a little money in his pocket and a small traveling bag in his hand. This bag contained a change of linen, pair of scissors, and some blank paper like that used by editors. His clothes were quite genteel and the underwear in his valise was neat and clean. His entire appearance was that of a well-cared-for gentleman ready for business. The only mark to be found upon any of his clothing was the name Ralph, by which he is now called. After thinking a long time, endeavoring to recollect who he was and where he came from, he went to the nearest hotel, stated his strange condition, asked for a bed, thought he would rest awhile, and that his strange mental condition would soon pass off. The same evening he attended a "temperance lecture" on the invitation of the lecturer. While attentively listening, a sudden impulse came over him which he could not resist, and he soon found himself in the street smashing the saloon windows with a club. The "roughs" ran out, beat and abused him badly, breaking the neck of the humerus and otherwise maltreating him. This brought him into the hands of the police and, eventually, to the county infirmary. Every effort was made to learn who he was, but thus far without avail. His knowledge upon all subjects disconnected with his identity is entirely correct. He has the use of his mental powers in all other directions. He is expert at figures and in the use of the pen. For a long time it was thought that he was feigning, but every one about him is convinced, after long observation, that he is what he says he is—a man with no knowledge of his personal identity.

How such an extraordinary mental condition can arise is a question of considerable practical importance in view of prognosis and treatment. Without a knowledge of its mode of production, or at least some definite idea in relation to the underlying physical condition, we should feel ourselves powerless to relieve or cure. This is all the more important because we know that a similar condition may be present as an outcome of various morbid processes, such as the so-called essential fevers, syphilis, gout and rheumatism, to say nothing of the strange aberrations of hysterical cases which may be real or simulated.

Dr. Granville offers the hypothesis that three different conditions may be set up by brain disturbance or disease, that may cause "loss of memory:"

"1, Complete destruction of cerebral cells; 2, withering or blighting, which amounts to obliteration of the cells without destruction of their nuclei (meaning by *nucleus* the seat of life in a cell, whatever that may be); 3, a suspension of function without arrest of nutrition, as though a particular area of the cerebral organism were thrown out of the circuit of energy."

In case the cerebral cells connected with the records of ideation are completely destroyed, he believes that the functions may be reëstablished by some other part of the brain taking up the business of the destroyed cells vicariously. In this case it would seem impossible that *all* the functions destroyed could be reëstablished within a comparatively short period. Ordinary cases of aphasia demonstrate that the functions of a very limited number of cerebral cells having a highly specialized office to perform are taken up vicariously by other cells to an extremely limited degree or not at all, when the former have been destroyed. Hence, we may safely remove his first condition from our list of possible modes of losing the memory with the possibility of regaining it. It probably is the condition present in permanent loss of that faculty.

"Withering or blighting" of the cells without destruction of their nuclei may, very possibly, be present during convalescence from many acute diseases in which long-continued high temperature has been a prominent feature. We can conceive how the protoplasm of the cells or ganglionic bodies, may be so damaged as to become useless and necessitate a complete renewal before the normal functions can be again displayed. So long as the nuclei remain, however, we should expect that there would be depression of function to less or greater degree without total and absolute abeyance of all their characteristic powers. That all functions save one should be restored to vigor seems scarcely accounted for in this way. Of course, when the cell should be completely regenerated, we should look for a return to its former activity. There is something very plausible in the second theory, but we have strong doubts as to its actual correspondence with facts.

The third way in which the phenomena may be produced, according to Dr. Granville, supposes that nutrition may go on without interruption while the functions of a portion—area or strata of brain cells—are suspended. Although this is somewhat vague, yet we believe that it very nearly expresses what actually occurs in these cases. The effects of remedial measures seem to indicate that the condition is rather an arrest of function than destruction (partial or complete) of organic structures.

Arrest of function may occur in several distinct ways: through inhibition, by a neutralizing effect produced upon the activity of one portion of the brain by the activity of another related or connected portion; through a loading down or compression of nervous elements by products of disease, their activity thus being lessened or even rendered *nil* for a longer or shorter time; or by pressure exerted upon the connecting fibres, which serve to bring all parts of the brain into harmonious action, arising from morbid deposits.

Still we are not entirely satisfied with any explanation that has been offered, although recognizing the fact that there may be an element of truth in each.

One fact seems to be firmly established by the foregoing cases: that the sense of personal identity, like all forms of mental activity, depends upon the physiological activity of cerebral cells. That memory may become a complete blank, and then again assert its sway with a return to the normal condition of nervous structure, and that there may be only a partial return of memory whilst all other forms of mental activity are restored to their normal condition.

We are fully prepared to admit Dr.

Granville's conclusion that "in the absence of special indications that what seems to be helpless dementia is actually what it seems, *i. e.*, a physical destruction of brain-cells; it is always *possible* the patient may recover, and, therefore, never justifiable to write a case off as incurable, and leave it to drift unnoticed and unhelped."

The therapeutic indications are, of course, derived from the causation where this can be traced, from the symptoms presented where the etiology is unknown.

THE SURGEON-GENERAL OF THE UNITED STATES NAVY.

Dr. Philip S. Wales was appointed Surgeon-General of the United States Navy, by President Hayes, in August last. The appointment is one that was well deserved, and we hope that the jealousy of disappointed aspirants will not interfere to prevent his confirmation by the Senate when Congress meets next month. Surgeon Wales has distinguished himself as a contributor to medical literature, having published an exhaustive monograph entitled "Surgical Operations and Appliances," besides various papers in the journals, the following being the titles of the more important of these: "On Cerebro-Spinal Meningitis," "Amputation at the Shoulder-Joint," "Fracture of the Lower Jaw," "Gunshot Wound of the Stomach," "Ligature of the Femoral Artery," "Fracture of the Thyroid Cartilage," "Aneurism of the Heart," "Instrumental Diagnosis," "Traumatic Tetanus," etc.

He is comparatively a young man, having been born in 1834, at Annapolis, Maryland. He received his medical education and his degrees from the universities of Maryland and of Pennsylvania, and has practiced his profession in Baltimore, Philadelphia and Washington. He is now Professor of Anatomy in the University of Georgetown, Medical Department. His new appointment gives him the relative rank of Commodore. His promotion was based upon *merit* alone, instead of seniority, a fact upon which the service is to be congratulated.

Dr. Hammond, Surgeon-General of the United States Army (retired), recently gave the new appointee a most brilliant reception, at which all the most prominent members of the medical profession, as well as many distinguished laymen of New York and Philadelphia were present. Physicians, journalists, clergymen, lawyers, diplomats, politicians and judges united in doing honor to Surgeon-General Wales and his destinguished host. We understand, from the New York *Herald*, that the evening was a most enjoyable one.

OBSCURE ABSCESS OF THE LIVER.

Certain of our local scientists have taken occasion to commit themselves in opposition to the views of Professor Hammond as expressed in his remarkable article which appeared in the CLINICAL RECORD for June, 1878. These gentlemen, however, have contented themselves with airing their feeble sentiments in still more feeble periodical literature, instead of making them known to the world through the columns of the RECORD. This is to be regretted, in as much as we should be obliged to quote largely from their writings if we supposed the medical world took any particular interest in what these gentlemen think about any particular scientific proposition. It may be well, however, to inform them that Professor Hammond has quite a respectable following in the profession. Hence we quote a few lines from a report of the proceedings of the State Medical Society of Virginia, at its session held at Alexandria, Va., on Oct. 21, 22 and 23, as given in the Philadelphia *Medical and Surgical Reporter* of a recent date:

"Dr. Sims referred to his successful treatment of abscess of the liver, marked, according to the experience and observation of Hammond, Brown-Séquard, and others, by obscure symptoms of cerebral conges-

tion, and even insanity, and by no means easily detected. In the person of the eminent medical journalist, Dr. Gaillard, of Louisville, for several years past a hopeless invalid, was lately exhibited an example of this uncommon disease. Himself and Dr. Hammond operated upon Dr. Gaillard, with success, and to the great relief of the patient and his friends."

Our St. Louis wiseacres can derive all the consolation they desire, perhaps, from Dr. Sims' remark about the rarity of the affection. We trust we shall not have to wade through more than a score of pages of vapid scolding at Dr. Sims for daring to confirm Professor Hammond's scientific statement of facts.

Dr. E. S. Gaillard, the talented writer and veteran editor of the Richmond and Louisville *Medical Journal* and the *American Medical Bi-Weekly*, has removed his residence and journals from Louisville to New York City. His address is No. 123 East 46th street. With energy and perseverance that knows no limit, Dr. Gaillard is certain of success in his new field of effort. He certainly has our best wishes. The New York profession is to be congratulated upon the new addition to its ranks.

The *people* are beginning to demand that physicians shall be better educated. It is bad enough that the medical press should feel called upon to urge this demand; it becomes absolutely disgraceful when the popular papers are compelled to recognize the fact that the vast majority of the American medical schools fail to properly qualify their graduates for the duties which they are to assume.

These remarks are prompted by a recent editorial in the *Central Christian Advocate*, one of the ablest and most widely circulated religious journals in the country. We are glad that earnest men outside of the profession are taking an interest in this matter. Like the politicians, medical college professors have a wholesome fear of the people and their mouth-pieces, the newspapers. In fact, nothing but a dread of losing their bread and butter will ever compel them to reform their evil ways.

The South-Eastern Medical Association has expressed the will of the profession throughout the land in the series of resolutions reported in another column. The days of the low-grade medical colleges are numbered, and those which accept the situation and conform to the demands of the times are the only ones that deserve to survive.

We take especial pleasure in noticing the "step in advance" thus taken by the young and vigorous society, inasmuch as it is an indorsement of the course of this journal. We are surprised to find that the gentlemen who gave the resolutions their unanimous support should not be aware of the fact that a medical college exists within the boundaries of their own State that complies with all the requirements set forth. Within the next few months they will doubtless acquire this bit of information.

Book Notices and Reviews.

A Clinical Treatise on the Diseases of Nervous System. By M. Rosenthal, Professor of Diseases of the Nervous System at Vienna. With a Preface by Professor Charcot. Translated from the Author's Revised and Enlarged Edition by L. Putzel, M. D., Physician to the Class for Nervous Diseases, Bellevue Hospital Out-Door Department, and Pathologist to the Lunatic Asylum, B. I. 8vo. Vol. I, pp. 278, Vol. II, pp. 284. New York: William Wood & Co., 27 Great Jones street. 1879. Wood's Library of Standard Medical Authors. Cloth, $1 00 per volume. Sold only by subscription.

The works composing the Library of Standard Medical Authors, as noticed from time to time in the Record, have almost uniformly been of such an excellent character, that we regret finding ourselves forced to withhold the customary mead of

unqualified praise from the last two volumes of the series.

There is no doubt whatever that Rosenthal's work will be of considerable value to students and practitioners who do not possess a better book. It has the merits of presenting in a fairly good arrangement all the known affections of the nervous system, and in addition of exhibiting the views of prominent neurologists. The one great defect noticeable on first sight is lack of clearness. This naturally is the result of the compilation-like character of the book, although even a compilation, if intelligently made, could be made smoother and clearer reading than the work before us.

A very inferior author may often assume the garb of a respectable mediocrity where he would make a wretched failure as an original writer, by compiling a text book from the scattered treatises written by his abler colleagues. This has been the strategy of Dr. Rosenthal, an author whom, in his capacity as teacher of nervous diseases at the University of Vienna, we have, on the single occasion when curiosity induced us to attend one of his lectures, seen draw a diagram of the fourth ventricle on the blackboard ornamented by cranial nerve nuclei evolved out of his inner consciousness. Of Dr. Rosenthal's anatomical exactness as evinced in the present volumes we will yet have a word to say.

Notwithstanding its shortcomings, the work has passed through two editions in Germany, one in France, and now appears in an American issue, proof sufficient that it has met the wants of a certain class of readers. It is certainly strange that in Germany there is not a single competitor of this volume, unless we except the monographic and exhaustive articles in the different cyclopædias.

As illustrating how far the author is behind the age, we need but refer to the fact that nothing is said of the rôle played by the internal capsule in hemiplegia. Another grievous fault of the writer is, that for every disease, no matter how negative the evidence furnished by careful pathologists, he claims an undiscovered palpable lesion, substantiating this claim by such lesions, which like the lateral sclerosis, alleged by Charcot in one hysterical case, were accidental and not essential concomitants. We believe it to be as soundly established as anything is in modern medicine, that hysteria minor, catalepsy, hydrophobia, chorea minor, tetanus and epilepsy are *not* dependent on structural lesions, whatever secondary changes may be found to occur. To assume changes here as Dr. Rosenthal does is illogical *a priori* and unsupported by facts *a posteriori*.

In his opening chapter the author begins with some remarks on the general character of cerebral diseases, and here where the author has, if not attempted originality in propositions, essayed originality in diction, we find the fittest criterion for his standing as a scientist. Within the space of three pages we find the following confused or blundering statements, page 2, line 6 from the bottom: "When hemiplegia occurs upon *the same side as the cerebral lesion* a foyer is usually found in the motor ganglia of the opposite side, with alterations in the cerebral lobes of this side and softening or œdema in the parenchyma of the other hemisphere." We would feel obliged to any reader of the RECORD who will render in plain, comprehensible English, what the author means; as we read it, it is a confused jumble, and such propositions as we can disentangle from this jumble are altogether incapable of being discussed.

Page 3, line 6: "If the lesion is situated in the system of fibres between the cerebral ganglia, and the lower nuclei of the gray centre (Hirnstamm) and in the motor ganglia, paralysis of that portion of the fibres of the facial nerve which pass through the cerebral peduncle [None pass through the cerebral peduncle.—REVIEWER.] will occur upon the same side as the hemiplegia [It will not if we understand the premises cor-

rectly.—Reviewer.] and the paralysis will therefore only involve the inferior or respiratory muscles of the face."

Now facial paralysis associated with hemiplegia of the same side is well known to be associated, as a rule, with greater or lesser paralysis of all the facial muscles. We have not space to analyse all the errors contained in the above single sentence. Line 24, same page: "it is more reasonable to believe that a lesion situated above the nucleus which gives rise to the decussation of the facials will produce alternate facial paralysis." In the first place, the "facials" do not decussate; in the second, no nuclei *ever* "give rise" to a decussation, and in the third, a lesion so situated will produce facial paralysis on the side of the hemiplegia, not "alternate facial paralysis." Either the author or his translator do not seem to know what alternate facial paralysis is. As remarkable is the following: "Lesions of the *inferior facial nucleus** will produce incomplete facial paralysis on the *opposite side*." The gross anatomical ignorance exhibited in Dr. Rosenthal's rendition of the Hirnstamm as the "lower nuclei of the *gray centre*," is once more documented on page 2, line 9. "The disorders of speech may have a motor origin as when the lesion involves the roots of the hypoglossal nerves (in diseases of the Pons Varolii * * * * *)" [author's parentheses]. Dr. Rosenthal has yet to learn that the fibres of the hypoglossal nerve are found in the medulla oblongata, and have no topographical relation with the pons of any kind.

The translation, as a translation, is but slightly different from what we ordinarily are afflicted with in this line. If anything, it is better than the average, though its English is far from elegant, as, witness the opening lines: "No method of investigation can embrace in all their *exuberance* the characteristics of the normal activities of the brain." We, of course, can not be over strict with the translator, as he had to deal with a confusedly written original.

Dr. Putzel has, as he states, "on account of their evident utility added certain woodcuts," with the laudable ambition of embellishing a translation in which he seems to have condensed a good deal of pride. It is about as well that he has not mentioned the foreign sources from which he copied these figures, as the originals would hardly be recognizable in the copy. There is one diagram, Vol. II, page 34, with the superscription, "Hysterical Contracture of Arm," which mightily resembleth a butcher's hook, and reminds one of that work of art regarding which the spectators got into a wrangle, one party declaring it to be a cow, the other a rose.

There is an introductory preface by Charcot, an author whom we are getting to suspect of having been greatly overrated, both at home and abroad. When, as here, he states that Rosenthal is a clear and concise exposé of the researches of Turck, Benedict Meynert et cetera, he is simply guilty of prevarication, or he has not the remotest notion of what he is saying. A book which locates the hypoglossal nerves in the pons varolii, and considers the cranial nerve nuclei as synonymous with the peduncular tracts, is certainly in no sense an "exposé" of Meynert, and to mention Benedict in conjunction with Turck and Meynert is about as appropriate as it would be to mention some "electric bath" therapeutist of our own country in one breath with Seguin, Jewell and Miles.

This preface is followed by one of the translator, who modestly states that his translation is the best work on the subject in the English language. In making this statement, Dr. Putzel doubtless had in view the cotemporary treatise of Bauduy, and that miraculous achievement of the young and fertile writer, Allan McLane Hamilton. We cordially agree with him so far; but it is nothing less than presumption to compare it with the work of Dr. Hammond,

* All italics are our own.

and we are willing to suppose that Dr. Putzel, in the enthusiasm of the moment, temporarily forgot that there was such a work in existence. In its excellent English and clear diction, Dr. Hammond's work is so immeasureably superior to the present translation, that until a still better book shall have been produced, we shall continue to recommend it as the best American book extant on the subject. But it is, perhaps, hardly worth while discussing this matter very extensively, as every one may compare the matter for himself.

The binding and type are excellent, as in the remainder of the series, and, on the whole, we congratulate the publishers on the complete success of their series of standard authors. * * *

LECTURE NOTES ON CHEMICAL PHYSIOLOGY AND PATHOLOGY. By Victor C. Vaughan, M. D., Ph. D., Lecturer on Medical Chemistry in the University of Michigan; Author of several works on Anatomy and Chemistry. Second Edition, Revised and Enlarged. 8vo. pp. 315. Ann Arbor: Ann Arbor Printing and Publishing Co. 1879. Cloth, $2 00.

The above little monograph is a sensible and practical volume of three hundred pages, written in a style both graceful and easy and not, as is sometimes the case, at the expense of that conciseness and lucidity of description which characterize the writings of many authors. The book having reached its second edition is an evidence that it has given satisfaction to the profession and will hereafter take rank as a useful and meritorious work. It makes no claims to completeness but is simply intended as a guide to students and practitioners. It is nevertheless full of practical hints in physiological chemistry, pathology and analyses, to the honest inquirer after facts, and truths of which it so ably treats. Physiological chemistry has brought to light many of the essential phenomena of life, and as we look forward to the time when the further development of this science will explain many important but at present hidden questions connected with nutrition, we therefore hail with delight and pleasure the appearance of this little volume and thank Dr. Vaughan for his efforts so faithfully performed in this direction. The chapter on urine indicates that the author has given to the subject great diligence and thought and is the result of much study, and the best mode of conducting investigations and analyses are recorded. The student and practitioner can learn from this book the best method of abtaining a knowledge of the chemical composition of the urine as well as to infer from it, to a certain extent, the general condition of the patient whose urine is examined. The book, while it may not rank as perfect or contain all that we could wish, yet at the same time it is sufficiently full, practical and comprehensive. We, therefore, in this review, do not aim to present a complete analysis of its contents or and estimate of its true worth; that value must result to each one from the careful reading and study of the book itself. We, however, cheerfully recommend the book to the student and practitioner as the most recent and, in our judgment, in many respects, the best work of the kind to be had R. M. K.

GUIDE TO THE EXAMINATION OF URINE, with Special Reference to the Diseases of the Urinary Apparatus, by K. B. Hoffman, Professor at the University of Graz, and R. Ultzmann, Docent at the University of Vienna. From the Second Edition, Translated and Edited by F. Forchheimer, M. D., Professor of Medical Chemistry at the Medical College of Ohio, Cincinnati. With illustrations. 12mo. pp. 195. Cincinnati: Peter G. Thomson, Publisher, 179 Vine street. 1879. In cloth, $1 50.

This monograph is gotten up in a plain and unpretending style. It comprises 195 pages with preface of the translator and an introduction by his authors. In the latter there is a very acceptable sketch of the historical development in urinary analysis up to the present day, and the work is intended to be the representative of the

latest improvements in this branch of medical knowledge. The most acceptable feature to the practicing physician is the simplification of all analytical operations, and it is for this reason highly commendable to the practitioner.

To the expert reader some differences with the views of other authors are noticeable without marring its usefulness. The illustrations interspersed in the text are certainly very expressive if they are not of high artistic style.

The translation is most accurate, the language choice, curt and expressive. In our opinion this translation is preferable to that of a New York firm. J. A. F.

THE NATIONAL DISPENSATORY. Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines. Including those Recognized in the Pharmacopœias of the United States, Great Britain, and Germany, with Numerous References to the French Codex. By Alfred Stillé, M. M., LL. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania, and John M. Maisch, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. Second Edition, thoroughly revised, with numerous additions. 8vo. pp. 1680, with 239 illustrations. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $6 75; leather, $7 50.

The rapid sale of the first edition of this excellent work gives the best evidence of the need that was felt for a book of this kind. It is less than a year since we noticed the first issue, and now the second appears, enlarged and improved in many respects.

The authors state that the matter of one hundred pages of the first edition has been incorporated in the second, but by slightly enlarging the page, the volume has been improved in appearance while its bulk is not sensibly increased. Several new remedies receive attention for the first time, while the therapeutic portion, especially, snows considerable improvement.

The work now is fully up with the times, and is decidedly the best exponent of materia medica in our language. Without doubt the distinguished authors will soon be called upon for still another edition of their great work.

A GUIDE TO SURGICAL DIAGNOSIS. By Christopher Heath, F. R. C. S., Holme Professor of Clinical Surgery in University College, London, and Surgeon to University College Hospital, Etc., Etc., Etc. 12mo. pp. 214. Philadelphia: Lindsay & Blakiston, 1879. St. Louis: H.R.Hildreth Printing Co. Cloth $1 50.

The author has, ere this, established for himself an enviable reputation, both as a writer and a practical surgeon. This new publication is another, and certainly very acceptable, proof of his superior ability and arduous diligence. We congratulate him on his success and the profession upon having so safe "a guide to surgical diagnosis." We have carefully perused it and find it clear and terse in diction, complete in all essential points for differential diagnosis, and practically arranged for immediate use at the bedside.

For clinical teachers it is almost as indispensable as to the practical surgeon.

If the "Guide" needed any further commendation, it might be found in the fact that Messrs. Lindsay & Blakiston, of Philadelphia, who are among the most discriminating publishers in the country, have republished it. L. BAUER.

STUDENT'S POCKET MEDICAL LEXICON; Giving the correct Pronunciation and Definition of all words and terms in general use in medicine and the collateral sciences, etc. By Elias Longley. 16mo. pp. 303. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: H. R. Hildreth Printing Co. Cloth $1 00.

This will be found a very convenient pocket companion by the student who has just commenced his medical studies. The phonetic signs are easily learned, and the pronunciation given of medical terms is that in ordinary use in this country.

The book, however, shows many signs of

having been compiled by a non-medical man. Some of the definitions are really absurd, while a large number of terms are to be met with in recent medical literature that find no place in this lexicon.

(1) The Physician's Pocket Day Book. By C. Henri Leonard, M. A., M. D. Accommodates daily charges for 20 or 40 Families weekly; has complete obstetrical record for 94 cases; and monthly memoranda for Dr. and Cr. cash account. Detroit: From the Author. Price $1. St. Louis: Book & News Co.

(2) The Multum in Parvo Reference and Dose Book. By the same Author. Third Edition, Revised and Enlarged. 23d thousand. Detroit: C. Henri Leonard. 1879. St. Louis: Book & News Co. Cloth, 75 cents.

1. Dr. Leonard's pocket record book is very conveniently arranged and contains everything that is required in such a necessary part of the physician's daily "outfit." The credit-line will be found particularly convenient.

2. This dose-book is very complete and trustworthy. Those needing such an aid to the memory will find it valuable. There *should be* no necessity for such a substitute on the part of a competent practitioner of medicine.

BOOKS & PAMPHLETS RECEIVED.

Memorial Oration in Honor of Ephraim McDowell, "The Father of Ovariotomy." By Samuel D. Gross, M. D., LL. D., Oxon. Delivered at Danville, Ky., at the Dedication of the Monument Erected to the Memory of Dr. Ephraim McDowell by the Kentucky State Medical Society, May 14, 1879. Published by the Society. Louisville, Ky.: Printed by John P. Morton and Company, 1879. From Dr. Coleman Rogers, Chairman Committee of Publication.

American Health Primers:—

V. Winter and its Dangers. By Hamilton Osgood, M. D., Editorial Staff of the Boston *Med and Surg. Journal.* 16mo. pp. 160. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: H. R. Hildreth Pr't'g Co. Cloth, 50 cts.

The Pathology and Treatment of Venereal Diseases. By Freeman J. Bumstead, M. D., LL. D., Late Prof. of Ven. Diseases at the Coll. of Phys. and Surgeons, N. Y.; Late Surg. to the N. Y. Eye and Ear Infirmary; Consulting Surg. to Charity Hospital, Etc., Etc. Fourth Edition, Revised, Enlarged, and in great part Rewritten by the Author and by R. W. Taylor, A. M., M. D., Prof. of Skin Diseeses in the Univ. of Vt.; Attending Surg. to Charity Hospital, Etc., Etc. With 138 Wood-Cuts. 8vo. pp. 835. Philadelphia: H. C. Lea. 1879. St. Louis: Book & News Co. Cloth, $4 75; sheep, $5 75.

A System of Midwifery, Including the Diseases of Pregnancy and the Puerperal State. By Wm. Leishman, M. D., Regius Prof. of Midwifery in the Univ. of Glasgow; Phys. for Dis. of Women, and Cons. Phys. to the Obstet. Dept. in the Glasgow Western Infirmary, Etc., Etc., Etc. Third Am. Edition, Revised by the Author. With Additions by John S. Parry, M. D. With 205 illustrations. 8vo. pp. 732. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $4 50; sheep, $5 50.

Hygiene of the Voice. Its Physiology and Anatomy. By Ghislani Durant, M. D., Ph. D., Member of the Am. Med. Association, of the Med. Society of the County of New York, Fellow of the N. Y. Academy of Medicine, Etc. A new and revised Edition. 12mo. pp. 188. New York: Cassell, Petter, Galpin & Company, 1879. St. Louis: Hugh R. Hildreth's Pr't'g Co. Cloth, $1 50.

Diseases of Women. By Lawson Tait, F. R. C. S., Surgeon to the Birmingham Hospital for Women, and Consulting Surgeon (for Diseases of Women) to the West Bromwich Hospital, etc., etc., etc. Second Edition, Thoroughly Revised, Specially Prepared for "Wood's Library." 8vo. pp. 192. New York: Wm. Wood & Co., 27 Great Jones st. 1879. Cloth, $1 00. Sold only by subscription.

Proceedings of the Association of Medical Officers of American Institutions for Idiotic and Feeble-Minded Persons. Sessions: Syracuse, June 8—12, 1878. Lincoln, May 27—30, 1879. Philadelphia: J. B. Lippincott & Co. 1879.

Miscellaneous Notes.

WANTED:—Physicians throughout the United States of America to answer the following questions:

1. How many postal cards have you sent during the past year to medical journals, asking for a specimen copy "with a view to subscribe?"
2. How many journals have you received in return?
3. How many of these have you subscribed for?
4. How many medical journals do you take regularly?
5. How many do you pay for?
6. What has it cost you for postal cards as above?
7. How many pages of reading matter has this arrangement supplied you with?
8. Do you not regard this as the best plan of encouraging and sustaining the medical press, particularly in an economical point of view?

Answers may be forwarded to the *Medical Record*, New York, the *Pacific Medical and Surgical Journal*, San Francisco, or to the CLINICAL RECORD, St. Louis. To save two cents postage on each answer, a postal card may be used and the answers numbered according to the questions.

FALLING INTO LINE.—The Detroit Medical College has announced that, after the completion of the present session, a preliminary examination will be required of all matriculants and a graded course of three years will be demanded as a prerequisite to graduation.

We note, however, that all students now in attendance may graduate under the old requirements. It is a pity that the schools should show themselves so unwilling "to take the plunge." Why defer for one or two years what should be done at once?

ALEXIS ST. MARTIN, whose gastric fistula permitted Dr. Beaumont, of St. Louis, to make so many valuable discoveries in relation to digestion, is still alive and well. He lives at St. Thomas, Province of Quebec, Canada. He should make the tour of the medical colleges the coming season. It would, doubtless, prove worth his while to do so.

THE death of Chassaignac is announced at the age of sixty-three years. He has earned a permanent place in the history of surgery by his invention of the linear ecraseur and the drainage tube, occlusive dressing with diachylon, and by the improvements in the operations for removal of the tonsils and for tracheotomy.

DR. L. P. YANDELL, of the Louisville *Medical News*, wrote several interesting letters to that vivacious journal while on his recent European tour. As an "interviewer of Prof. Charcot, he proved very successful—if we may judge from sundry papers published lately in the New York *Sun* and *Tribune*.

THE discoverer of anæsthesia seems to be as difficult to determine as the personality of Junius or the name of the city which gave birth to Homer. Dr. Wilhite, of South Carolina, looms up as (possibly) the "dark horse" in the race for the honor. We reserve our decision until all the entries are made.

THE Buffalo *Medical and Surgical Journal* appears greatly improved. The general "make up" is excellent, and a new corps of editors have taken it in charge. Dr. Minor retires after establishing it as a first-class journal in the face of almost unsurmountable difficulties. We wish it every success.

THE *Medical News and Library* will be consolidated with the *Monthly Abstract*, and the new journal will appear after the first of January next as the *Medical News and Abstract*. It will be published, like its predecessors, by Mr. Henry C. Lea, of Philadelphia. Subscription price, $2 50 per annum.

NEW subscribers to the CLINICAL RECORD for for 1880 will receive the November and December numbers *gratis*. Clubs of three or more *new* subscribers will be received at $1 50 each per year.

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11—PIL. PHOSPHORI CUM QUINIÂ ET DIGITALE CO.	Phosphori 1-50 grain. Quiniæ Sul. ½ grain. Pv. Digitalis ½ grain. Pv. Opii ¼ grain. Pv. Ipecac. ¼ grain.	2 00
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14—PIL. PHOSPHORI CUM CANNABE INDICA	Phosphori 1-50 grain. Ext. Cannab. Ind. ¼ grain	1 75
15—PIL. PHOSPHORI CUM MORPHIA ET ZINCO VALER.	Phosphori 1-50 grain. Morphiæ Sul. 1-12 grain. Zinci Valer. 1 grain.	2 00
16—PIL. PHOSPHORI CUM ALOE ET NUCE VOMICÂ	Phosphori 1-50 grain. Ext. Aloes Aq. ½ grain. Ext. Nuc. Vom. ¼ grain.	1 50
17—PIL. PHOSPHORI CUM ZINCO CO.	Phosphori 1-50 grain. Zinci Sul. 1 grain. Lupulinæ 1 grain.	1 50
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19—PIL. PHOSPHORI CUM STRYCHNIA	Phosphori 1-50 grain. Strychniæ 1-60 grain.	1 50
20—PIL. PHOSPHORI CUM CANTHARIDE CO.	Phosphori 1-50 grain. Pv Nuc. Vom. 1 grain. Sol. Cantharidis Con. 1m.	1 50
21—PIL. PHOSPHORI CUM BELLADONNA	Phosphori 1-100 grain. Ext. Belladonnæ 1-8 grain.	1 50
22—PIL. PHOSPHORI CUM FERRO ET STRYCHNIA	Phosphori 1-100 grain. Ferri Carb. 1 grain. Strychniæ 1-60 grain.	1 50
23—PIL PHOSPHORI CUM QUINIÂ ET FERRO ET STRYCHNIA	Phosphori 1-100 grain. Quiniæ Sul. 1 grain. Ferri Redacti 1 grain. Strychnia 1-60 grain.	2 75
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Sugar-Coated Pills skilfully prepared of pure material, possess advantages over those coated with other material. Sugar is the most soluble, and, when necessary is applied to pills so soft as not to retain their form uncoated. They are beautiful in appearance, more acceptable to the patient, more readily swallowed than pills with sticky coating.

The QUININE PILLS are prepared from *Sulphate of Quinia* of American manufacture, noted for its purity and excellence. Each Pill contains the full complement of material as expressed on the label, without the necessity of adding any excess to compensate for impurities. They are perfectly soluble, and physicians can depend upon getting the full benefit of this valuable remedy in a pleasant form.

For *efficacy*, *perfection*, and *freedom* from harm, this make of Pills of Phosphorus is unrivalled. The process originated and perfected by W. R. Warner & Co., for the administration of Phosphorus in pill form, diffuses the Phosphorus, in its elementary state, thoroughly through the mass in a state of solution, a result by no other process attainable. The value of Phosphorus as a remedial agent is impaired if the element is not exhibited in its free state, and protected from oxidation by a perfect and *non-porous coating of pure white sugar*. Warner & Co.'s should be used and invariably specified when ordering.—W. & Co.

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SUGAR-COATED PILLS OF SULPHIDE OF CALCIUM.

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ONE-QUARTER " " "	.60
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ONE " " "	$1.00

Prepared by WILLIAM R. WARNER & CO.

Obtainable from all Druggists or sent by mail on receipt of price.

[Extract from Dr. Howard Cane's Article in the London Lancet.]

From the great frequency of occurence of acne, and from its manifesting itself on the faces of individuals of both sexes, any therapeutic agent which promises success in this often intractable skin disease will be welcomed by most practitioners. I do not bring the sulphide of calcium forward as a new remedy in the treatment of this disease, for it was recommended some years ago by Dr. Sydney Ringer, but I wish to bring it more prominently into notice as a drug which will often prove of signal service in acne when other means have failed. The success which I attained in my first case which was of a most obstinate nature, led me to try it in others.

Case 1.—G. R——, a young lady, aged 19, has been troubled for the last five years with acne of the most severe kind. When she first came to me, her face, especially the forehead was thickly covered with acne spots in all stages of development, the inflamed and suppurating papules being very numerous. She stated that she had been to three physicians in London, two of whom are eminent skin physicians. Inquiries into the state of her general health found it was excellent in every respect. Prescribed the sulphide of calcium of which I gave at first one-tenth of a grain four times daily. At the same time I directed her to hold her face over a vessel of hot water night and morning for some ten minutes or more, and then to rub the parts where the little black-topped comedones were very thick with a towel, after which she was to use as a face powder some precipitated sulphur, which I directed to be colored with Armenian bole. At the same time I gave minute and careful directions as to diet, etc., forbidding pastry of all kinds, all salt meats, and enjoined the frequent use of green vegetables, together with regular out-door exercise. At the end of a fortnight I saw her again, and found that there was a slight improvement, there were not many more inflamed papules, and the black-topped comedones were considerably fewer in number. I determined to persevere. I now ordered 1 10 grain to be taken six times daily, and to see me again in a fort night. At the end of that time I again saw her, and, though there was no very great improvement that I could see, still the patient declared she was better. I now increased the dose of the sulphide to one grain daily, and see me again in a fortnight. I now increased the dose to one-fourth of a grain six times daily, with a very excellent result; in another fortnight to half a grain six times daily; and at the end of another fortnight not only but few spots appeared, but they were much less inflamed than usual, and the others were rapidly disappearing, and the complexion was much clearer. To take one grain six times daily for another fourteen days. I then saw her again. From this time the progress was uninterruptedly good. No fresh spots appeared

Case 2.—J. C——, a young lady 20 years of age, came to me for an eruption on the face which she had for a year, and which had gradually become worse. I prescribed the same diet and face powder, and gave the same directions as in case 1, but gave to begin with, one-fourth of a grain of the sulphide four times daily, gradually increasing the dose to a grain six times daily. At the end of six weeks she was nearly well, and in another month I saw her again, when she was quite cured. She had taken the sulphide in all two months, gradually diminishing the dose during the fort night. I may here say that this patient also had been taking various drugs for some months previously, but without any appreciable result.

I have before me notes of fourteen other cases treated exactly in the same way, but which I need not detail, as they were merely repetitions of the two given above. The result in eleven out of these fourteen were perfect, whilst in the remaining three, though great benefit was derived, the cure was not complete. I now always begin with a quarter of a grain four times daily, gradually increasing the dose to one grain six times daily, or according to the progress and severity of the case.

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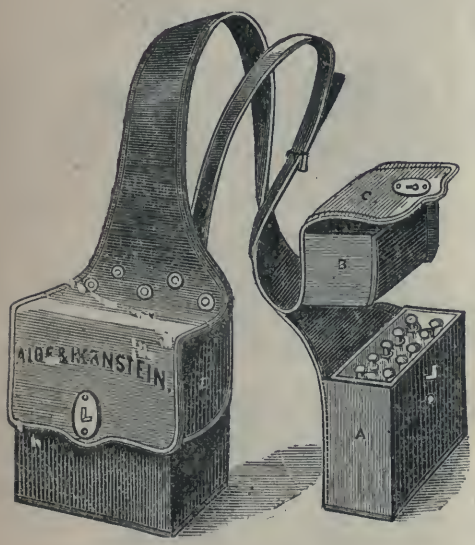

This Bag is the most complete and durable Bag in the Market, and will give the best satisfaction to the Profession of any Bag ever offered. The Bag is entirely riveted with copper rivets, thereby doing away with the old style of sewing, which has been the great objection heretofore. The boxes containing the bottles are made of the best Tin Metal. A is the metal box containing the bottles; B is the box used to carry instruments, powders, etc.; C is the flap, which holds the upper and lower boxes, A and B, firmly together, being fastened by a turn lock, which holds the contents in their place; D represents the Bag when closed. It is the only Bag made that has a complete water shed to prevent the contents from getting wet.

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PROFESSIONAL OPINIONS OF MALTINE.

During the past year we have received nearly one thousand letters from the Medical Profession in this country and Great Britain, referring to the therapeutic value of MALTINE; *their character is indicated by several extracts which we present below.*

BALTIMORE, MD., Jan. 20th, 1879.

We have realized decided benefit in a large number of cases treated in the City Hospital and at the Dispensary connected with it, from your preparations of Maltine. Many persons will welcome them as most efficacious and palatable substitutes for Cod Liver Oil, and as covering a wider range of application.

S. WESLEY CHAMBERS, M.D., *Res. Phys. City Hospital.*

BALTIMORE, MD., Jan. 20th, 1879.

We take pleasure in saying in behalf of your preparations of Maltine, that they have fully come up to the measure of your representations. They have given us the greatest satisfaction. We have used them extensively to the great benefit of our patients.

DAVID STREET, M. D.,
Res. Phys. Maternite Hospital.

LOUISVILLE, KY., July 11th, 1879.

I am using Maltine with Pepsin and Pancreatine in my family, and am exceedingly pleased with its results. Professor Flint, of your city, whom I highly esteem, has been consulted about the case and knows the solicitude I have had about it. The above preparation in Sherry, after meals, has been productive of great benefit. I am using it in the City Marine Hospital, the Kentucky Infirmary for Women and Children, and in my private practice, and am much pleased with the results obtained.

T. P. SATTERWHITE, M. D.

JACKSON, MICH., October, 1878.

In its superiority to the Extract of Malt prepared from Barley alone, I consider Maltine to be all that is claimed for it, and prize it as a very valuable addition to the list of tonic and nutritive agents.

C. H. LEWIS, M. D.

ST. CHARLES, MINN., March 23d, 1879.

In conditions of Anæmia, in convalescence from severe and protracted disease, especially in chronic cases where there is great general debility, and in the enfeebled condition of aged persons, I have learned to rely on Maltine, nor in any instance have I been disappointed of good results, therein forming *a marked contrast, so far as my experience goes, to preparations of Malt, which I had used previously and had abandoned the use of them when my attention was called to Maltine.*

C. R. J. KELLAM, M. D.

36 WEYMOUTH ST., PORTLAND PLACE, LONDON,
May 30th, 1879

I am ordering your Maltine very largely.

LEONOX BROWN, F. R. C. S.,
Sen. Surg., Centl. Throat and Ear Hosp., etc.

75 LEVER ST., PICCADILLY, MANCHESTER.
January 16th, 1879.

I have used your Maltine pretty extensively since its introduction, and have found it exceedingly useful; particularly in cases where Cod Liver Oil has not agreed, have I found the Maltine with Beef and Iron most valuable.

J. SHEPHERD FLETCHER, M. D, M. R. C. S.

EDDE CROSS HOUSE, ROSS, March 8th, 1879.

I am very pleased to bear testimony to the great value of Maltine. I prescribe it extensively and with the best results, specially in anæmic conditions of the system with much stomach irritability, which it seems to allay very speedily.

J. W. NORMAN, M. B., M. R. C. S.

CHEMICAL REPORTS ON MALTINE.

By R. Ogden Doremus, M. D., LL. D.

PROFESSOR OF CHEMISTRY AND TOXICOLOGY, BELLEVUE HOSPITAL MEDICAL COLLEGE; PROFESSOR OF CHEMISTRY AND PHYSICS, COLLEGE OF THE CITY OF NEW YORK.

New York, April 17th, 1879.

I have visited the works at Cresskill, on the Hudson, where Maltine is prepared, and spent portions of two days in witnessing the chemical processes for making the same. I was particularly impressed with the thorough cleanliness observed, as well as with the completeness of the apparatus employed for accomplishing the desired result—from the first treatment of the grains, to the concentration of the liquid product by evaporation *in vacuo*. The operation is effective in extracting the whole of the nutritive constitnents of the grains of malted Barley, Wheat and Oats, with but a slight residue, and is the most complete method yet devised, with which I am acquainted. for accomplishing this object.

Maltine is superior in therapeutic and nutritive value to any Extract of Malt made from Barley alone, or to any other preparation of any one variety of grain. From a chemical and medical standpoint, I cannot commend too highly to my professional brethren this unique and compact variety of vegetable diet and remedial agent, nutritive to every tissue of the body, from bone to brain.

Respectfully, R. OGDEN DOREMUS.

By Prof. John Attfield, F. C. S.

PROFESSOR OF PRACTICAL CHEMISTRY TO THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN; AUTHOR OF A MANUAL OF GENERAL MEDICAL AND PHARMACEUTICAL CHEMISTRY.

London, 17 Bloomsbury Square, W. C.,
October 28th, 1878.

To Messrs. Reed & Carnrick:

Gentlemen:—I have analysed the extract of malted Wheat, malted Oats and malted Barley, which you term Maltine. I have also prepared, myself, some extract from these three malted cereals, and have similarly analysed it, and may state at once that it corresponds in every respect with the Maltine made by myself. As regards the various Malt Extracts in the market, I may remark that your Maltine belongs to the non-alcoholic class, and is far richer, not only in the directly nutritious materials, but in the farina digesting Diastase. In comparison, your Maltine is about ten times as valuable, as a flesh former; from five to ten times as valuable, as a heat producer; and at least five times as valuable, as a starch digesting agent. It contains. unimpaired and in a highly concentrated form, the whole of the valuable materials which it is possible to extract from either malted Wheat, malted Oats or malted Barley.

Yours Faithfully, JOHN ATTFIELD.

List of Maltine Preparations.

MALTINE Plain.
MALTINE with Alteratives.
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Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

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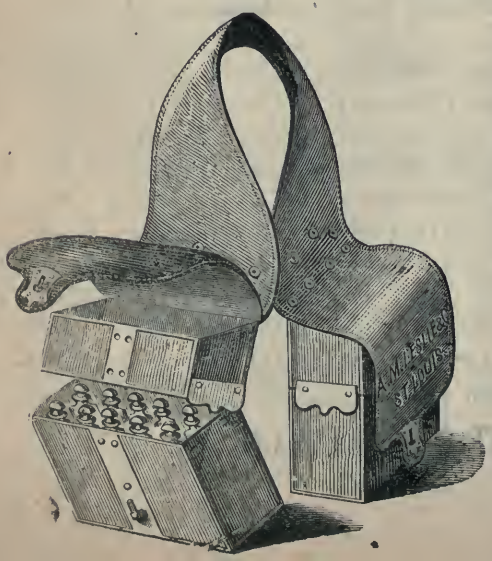

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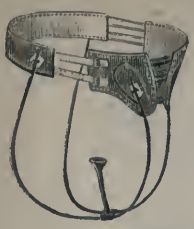

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The preparation which we submit under the above title is characterized by uniformity of ingredients, constancy of strength, and freedom from those properties which are exerted solely in disturbing the healthy functions, without a corresponding beneficial result.

It will be found a faithful representative of all the desirable properties of ergot, which tend to accelerate labor and assist nature's protracted efforts, while it is superior in its application to other uses of this drug.

Our method of preparation in its general features consists, first, in determining the value and constituents of the very best obtainable fresh ergot, selected from a large number of samples.

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In the opinion of Prof. Altamarano piscidia is indicated in the following affections: writers' cramp, chorea, tetanus, poisoning by strychnia, puerperal eclampsia, convulsions in children, epilepsy, hydrophobia, and angina pectoris.

Dr. William Hamilton, of Plymouth, England, in a communication to the *Pharmaceutical Journal*, speaks of this plant as a powerful narcotic capable of producing sleep and relieving pain in an extraordinary manner. He was induced to try it as an anodyne in toothache, and found a saturated tincture exceedingly efficacious, not only affording relief when taken internally but uniformly curing the pain when introduced upon a dossil of cotton into the carious tooth. He first tried it on himself, when laboring under severe toothache, taking a fluid drachm of the tincture in cold water on going to bed. He first felt a violent sensation of heat internally, which gradually extended to the surface, and was followed by profuse perspiration, with profound sleep for twelve hours. On awaking, he was quite free from pain, and without the unpleasant sensations which follow a dose of opium.

Dr. Hansen, of Jamaica, writes concerning this drug, as follows: In Brazil the bark of piscidia erythrina, as well as that of erythrina corallodendron, is extensively used under the name of mulungu or murungu.

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